BUCKINGHAMSHIRE COUNTY COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1959

TABLE OF CONTENTS.

	PAGE
Section A.—Statistics and Social Conditions.	
General Statistics for the County	6
Section B.—National Health Service Act, 1946.	
Section 22—Care of Mothers and Young Children	7
,, 23 and 25—Midwifery and Home Nursing Service	14
,, 24—Health Visiting	18
,, 26—Vaccination and Immunisation	26
,, 27—Ambulance Service	28
,, 28—Prevention of Illness—Care and After-Care	30
,, 29—Home Help Service	34
,, 51—Mental Health Service	36
Section C.—National Assistance Act, 1948.	
Welfare Services for the Aged	42
Welfare of the Handicapped	44
Welfare of the Blind	45
Deaf Persons	47
Accommodation for the Homeless	48
Section D.—Sanitary Circumstances of the Area.	
Water Supply	49
Main Drainage	51
Housing	52
Section E.—Inspection and Supervision of Food.	
Food and Drugs	53
Food and Drugs—Milk and Dairies Regulations	53
Section F.—Prevalence of, and Control over, Infectious Disease	55
Section G.—General.	
Registration of Nursing Homes	55
Nurseries and Child Minders' Regulation Act	55
Section H.—Statistical Tables, etc.	
(a) List of Sanitary Authorities	56
(b) Registered Nursing Homes	56
(c) Child Welfare Centres	57
(d) Populations, Birth and Mortality Rates, 1959	59
(e) Comparative Table of Birth, Death and Infant Mortality Rates for Ten-Year Period, 1950-59	60
(f) Causes of Death at Different Periods of Life—1959	61
(g) Notification of Infectious Diseases in Urban and Rural Districts	62
(h) Care of Mothers and Young Children—Dental Treatment ...	63
(j) Ambulance Service	64

County Health Department,
County Offices,
Aylesbury.

May, 1960.

Mr. Chairman, Ladies and Gentlemen,

It is often said that in health matters large authorities can provide a technically better and more highly organised service than smaller authorities. On the other hand, the small authority might be expected to be more in touch with local conditions and to provide a personal service tailored to the individual needs of the public rather than 'mass produced'.

This is a criticism that larger authorities such as ours cannot ignore, and if a great deal of this report refers to matters that seem quite trivial I am sure that, on reading it, no-one could deny that we are in touch with individuals over a large range of their activities This is as it should be since good public health practice is conditioned, not so much by occasional spectacular flurries, as by the sum total of individually quite small and apparently unimportant happenings which, in the long run, determine what we are and how we behave.

I have given special emphasis to health education on this occasion, not only because of our very successful exhibition opened by H.R.H. The Duchess of Kent, but also because it seemed a good time to review our aims and methods in the light of ten years' serious work in this field.

Once again, I am glad to have an opportunity of thanking all who contribute to health measures in the county; members of the Health Committee for their unfailing kindness and support, members of voluntary associations for their invaluable contributions and finally, the staff of the department, the quality of whose contribution is so consistently good that one almost takes it for granted.

I am,

Your obedient Servant,

G. W. H. TOWNSEND,

County Medical Officer.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Whole-time Officers of the County Council as at 31st December, 1959.

County Medical Officer of Health:
G. W. H. Townsend, B.A., M.B., B.CH., D.P.H.

Deputy:
G. W. Knight, M.D., CH.B., D.P.H.

Area Medical Officers:
M. A. Charrett, M.R.C.S., L.R.C.P., D.P.H.
(Also Medical Officer of Health Borough of Slough)
A. J. Muir, M.B., CH.B., B.HY, D.P.H.
(Also Medical Officer of Health Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe).
D. H. Waldron, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M & H.
(Also Medical Officer of Health Borough of Buckingham, Urban Districts of Bletchley, Linslade, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Wing).

Senior Medical Officers:
Patricia Herdman, M.B., B.S., D.P.H.
A. W. Pringle, B.A., M.B., B.CH., B.A.O., D.P.H.
Fanny Strang, M.D., L.R.C.P., D.P.H.

Assistant County Medical Officers:
B. H. Burne, M.R.C.S., L.R.C.P., D.P.H.
R. Y. Forbes, L.R.C.P.S., D.P.H.
Joan Gray, M.B., CH.B.
G. M. Hobbin, B.COM., M.B., CH.B., D.P.H.
(Also Medical Officer of Health Urban District of Eton and Rural District of Eton).
Hannah V. Illing, M.B., CH.B.
Ethel G. Jennings, M.A., M.B., B.CH., B.A.O.
Mary I. McArthur, M.B., CH.B., D.P.H.
Florence L. O'Rourke, M.B., B.CH., B.A.O., D.P.H.
T. E. Roberts, M.B., B.S., D.OBST.R.C.O.G., D.P.H.
F. Seymour, M.B., CH.B., D.P.H.
(Also Medical Officer of Health Urban Districts of Beaconsfield and Chesham and Rural District of Amersham).
J. T. C. Sims-Roberts, M.B., CH.B., D.P.H. (barrister-at-law).
(Also Medical Officer of Health Borough of Aylesbury and Rural Districts of Aylesbury and Winslow).
J. G. Vaccaro, M.B., B.S.
Mary R. Venning, B.M., B.CH., C.P.H.

* *Principal School Dental Officer*:
E. Kew, L.D.S.

Senior Administrative Assistant:
E. L. Eyre.

County Health Inspector:
F. Harding.

County Transport and Ambulance Officer:
E. W. Daniels.

Superintendent Health Visitor:
Miss D. K. Newington.

Supervisor of Midwives and Home Nurses:
Miss D. T. N. Cole.

Senior County Almoner:
Miss E. Swallow.

Senior Occupational Therapist:
Miss F. B. Silk.

*Also eight School Dental Officers employed part time on the dental care of expectant and nursing mothers and young children.

(b) Part-time Officers of the Authority and others discharging duties for the Authority.

County Consultant (diseases of the chest):
A. Stephen Hall, M.A., M.B., F.R.C.P.

Physicians (diseases of the chest):

Oxford Regional Hospital Board ... W. T. Bermingham, B.A., M.D., B.CH.
A. Stephen Hall, M.A., M.B., F.R.C.P.
F. S. Hawkins, M.D.

North West Metropolitan Regional Hospital Board ... Brian C. Thompson, M.A., M.D.

Consultant Geriatrician:
L. Wollner, M.B., B.S., M.R.C.P.

Consultant Psychiatrists:
Edith M. Booth, M.B., CH.B., D.P.M.
Mildred I. Pott, M.B., CH.B., D.C.H, D.P.M.

Chief Inspector:
W. A. Davenport, F.I.W.M.A.

Public Analyst:
Eric Voelcker, F.I.C., A.R.C.S.

SECTION A.—GENERAL ST ATISTICS FOR THE COUNTY.

The area of the geographical and administrative County is 479,411 acres (approximately 749 square miles) and the number of inhabited houses at the 1951 census was 109,188, including 112,967 families or separate occupiers, increases over the 1931 census figures of 58 and 55 per cent respectively.

The rateable value of the County at 1st April, 1960, was £7,617,053 as against £7,267,247 at 1st April, 1959, an increase of almost five per cent.

The estimate of the Registrar General for mid-1959 refers to the home population including members of the armed forces stationed in the area, and amounts to 455,500 compared with 440,600 for 1958. At the 1951 census the total population of the County was 386,291.

Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (d) of Section H.

Live Births.

	1958			1959		
	Males.	Females.	Total.	Males.	Females.	Total.
Legitimate	3,762	3,550	7,312	3,892	3,758	7,650
Illegitimate ...	155	141	296	174	174	348
Totals	3,917	3,691	7,608	4,066	3,932	7,998

	1957.	1958.	1959.
Live birth rate per 1,000 population	16.7	17.3	17.6
Illegitimate live births per cent of total live births	4.2	3.9	4.4
Number of stillbirths	134	133	163
Stillbirths rate per 1,000 total live and stillbirths	18.3	17.2	20.0
Total live and stillbirths	7,315	7,741	8,161
Number of infant deaths (deaths under one year)	155	125	147
Infant Mortality Rates.			
Total infant deaths per 1,000 total live births	21.6	16.4	18.4
Legitimate infant deaths per 1,000 legitimate live births ...	22.2	16.0	17.9
Illegitimate infant deaths per 1,000 illegitimate live births ...	6.7	27.0	25.9
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	16.7	12.7	13.5
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	13.2	10.5	10.9
Number of maternal deaths (including abortion)	4	0	2
Maternal mortality rate per 1,000 live and still births	0.55	—	0.25
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	32.1	27.7	30.6
Principal causes of death—			
Heart disease	1,360	1,422	1,340
Cancer	800	828	819
Bronchitis	169	191	232
Pneumonia	246	257	319
Influenza	48	19	58
Tuberculosis—Respiratory	21	30	27
Other forms	3	5	6
Motor vehicle accidents	46	60	73
Other accidents	94	107	110
Total deaths from all causes	4,172	4,323	4,397
Death rate per 1,000 population	9.7	9.8	9.7

It will be noted above that this year there were two deaths from maternal causes recorded in the County, representing a rate of 0.25 per thousand total live and stillbirths. The rate for England and Wales at 0.38 was again a new low record.

It is gratifying to report that for the twelfth year in succession no death from diphtheria occurred in the County.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

NATIONAL HEALTH SERVICE ACT, 1946.

Full details of the Council's schemes under the National Health Service Act, 1946, were given in the report for the year 1948, and amendments and additions have been mentioned from time to time in subsequent reports.

A special survey of the working of the various services over the first four complete years, prepared at the request of the Ministry of Health, was included in the report for the year 1952.

Last year saw the completion of the first ten years of the Health Service, but it was not considered necessary for a special survey on the same scale as that covering the first four years to be repeated. Instead was included a brief general review of the manner in which the local health services have functioned in the wider setting of the National Health Service generally.

The only significant change which took place during 1959 was the passing of the Mental Health Act, 1959, which is covered in the appropriate section of the report. Otherwise services continued to expand with the continued growth of the County population, and comments and statistics covering the work carried out under the various sections of the Act are given in the body of the report.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

Child Welfare Centres.

The demand for child welfare centres in Bucks continues to grow, due not only to the increase in the population but also to the increase in the percentage of mothers who attend. As new housing estates develop and in other areas attendances fall, rearrangements are made so that centres are provided where the demand is greatest and the best use of available staff is ensured. This year two new centres were opened and three discontinued. The mobile centre called at one village where previously hired premises had been used. The three voluntary centres, run in co-operation with the Royal Air Force, continue to provide for mothers living in married quarters. The activities of the mobile centre were extended so that 48 villages are now covered every month. While the number of permanent centres was reduced by one to 98, the number (over 16,500) of mothers attending has never been higher.

Regular attendance is always more difficult for the mother who lives in an isolated area where no public transport is available, particularly if she has more than one child, so at ten of the centres transport is specially hired to bring mothers and children to the centre.

Every effort is made to encourage toddlers either by arranging special sessions for them or by examination at the ordinary session. Behaviour difficulties tackled at this stage can often prevent the development of more serious situations later on.

At all centres health education is considered the most valuable contribution and the programme in many centres includes small group discussions with the doctor and health visitor on such subjects as appetite, sleep, fears and jealousy; or talks may be based on display material relating to play and development.

Immunisation against infectious diseases still figures largely in the preventive work. Smallpox vaccination, immunising agents for whooping cough, diphtheria, tetanus and poliomyelitis are given, single antigens being used in every case. Not long ago a course of immunisation, excluding vaccination, was three injections, but today nine injections are given in the first year of life, thereby increasing threefold the amount of time the doctor has to devote to injection procedures and this has led some Medical Officers to separate their sessions so that immunisation and consultation sessions take place alternately. Consultation can then take place in a relaxed unhurried atmosphere where the mother feels able to discuss her problems with the doctor and listen undistracted to the advice she is given.

Child welfare centres are busy places and it can truly be said they would not be the same without the invaluable help given by the voluntary committees. They undertake record keeping, weighing and measuring, distribution of welfare foods and vitamin preparations and tea making, thus leaving the health visitors free to devote all their time to the work for which they have been specially trained. Their activities help to ensure that the centres are run on a happy friendly basis.

The following table gives particulars of the attendances at the child welfare centres operating during the year:

	Permanent.	Mobile.	Voluntary.	Total.
(1) Number of centres operating at end of year	98	18*	3	119
(2) Number of times centres opened	2,751	195	71	3,017
(3) Number of times Medical Officer attended	1,822	183	47	2,052
(4) Number of children presented for examination to the Medical Officer	25,288	2,284	388	27,960
(5) Number of children who first attended during the year and at their first attendance were under one year of age	5,824	266	86	6,176
(6) Number of children who attended during the year and who were born in:				
(a) 1959	5,481	273	71	5,825
(b) 1958	5,085	301	61	5,447
(c) 1954-57	4,693	463	89	5,245
(7) Total number of children who attended during the year	15,259	1,037	221	16,517
(8) Number of attendances during the year made by children who at the date of attendance were:				
(a) Under one year	70,540	2,115	712	73,367
(b) One but under two years	16,877	983	225	18,085
(c) Two but under five years	12,686	1,212	215	14,113
(9) Total attendances during the year	100,103	4,310	1,152	105,565

*Eighteen half-day sessions each month covering 48 villages (centre visits Haddenham twice monthly).

Distribution of Welfare Foods.

Once more it is a pleasure to record the generous support given by the many voluntary helpers in the operation of the distribution centres, arranged with the co-operation of the Women's Voluntary Services, the British Red Cross Society, Women's Institutes, etc. It has only been found necessary to employ part-time paid helpers in three centres through lack of voluntary assistance.

During the year, nine small centres were closed, as the mobile child welfare centre calls at the villages concerned and adequately covers the demand for welfare foods in these areas.

At the end of the year there were 144 distribution centres, of which 83 were held in conjunction with child welfare centres. Welfare foods are also available on the mobile child welfare centre which calls at 48 villages once each month.

The following is a summary of issues from the centres during the year 1959 in accordance with quarterly returns required by the Ministry of Health, with the figures for the previous year in parenthesis:—

National Dried Milk—Full Cream	75,869 tins	(80,758)
National Dried Milk—Half Cream	1,750 tins	(1,883)
Cod Liver Oil	30,633 bottles	(31,314)
Orange Juice	247,338 bottles	(238,130)
Vitamin Tablets	24,683 packets	(23,082)

Although orange juice is not now supplied to children over two years of age, the continued rise in the number of births has meant a slight increase in the issues as compared with the previous year.

Ante-natal and Post-natal Care.

With the majority of confinements booked to take place in hospital maternity units or maternity homes, most of the ante-natal and post-natal work continues to be undertaken at the specialist ante-natal clinics under the control of the Hospital Management Committees, generally held at the hospital maternity units.

However, the County Council ante-natal clinics for booked domiciliary cases continue to serve a useful purpose and at the Marlow Health Centre the clinic started in 1957 is still demonstrating the value of co-operation between the family doctor and the midwife.

During the year 1,247 expectant mothers made a total of 5,086 attendances at the six clinics, and 227 of them also received a post-natal examination.

The training of expectant mothers in small groups in mothercraft, relaxation and correct breathing technique in preparation for confinement has continued to be undertaken by many domiciliary midwives and health visitors. The total number of classes held in various parts of the County during the year was 1,082, an increase of 109 over the figure for 1958. These figures do not include ante-natal classes held at some of the hospital maternity units, which are conducted solely by the hospital midwifery staffs.

More information about this form of ante-natal training is given in the Section on Health Education.

Maternity Accommodation.

By arrangement with Hospital Management Committees, the County Health Department receives applications for maternity beds made for social and domestic reasons. Each application is investigated and recommendations are made to the appropriate maternity unit, based on the Health Visitor's report after she has made a home visit, and on consultation with the family doctor. By this means, an endeavour is made to make the best use of available beds.

During the year, the number of such investigations undertaken by the Health Visitors in the four Areas in the County was as follows:—

South Bucks	1,753
North Bucks	419
Wycombe Area	1,051
Aylesbury Area	371
	3,594

An analysis of notified births to mothers residing in this County reveals that 65 per cent occurred in hospitals and maternity homes (including private nursing homes), the remaining 35 per cent being domiciliary confinements. This was a similar proportion to the previous year when the figures were 65.2 and 34.8 respectively.

Towards the end of the year the Oxford Regional Hospital Board entered into contractual arrangements for the use of one three-bedded ward at The Seven Gables Nursing home, a private maternity home in Addington, making available eight additional bookings each month for national health service patients. This has considerably helped the situation in the northern part of the County.

Premature Births.

A premature baby is still defined as one weighing 5½ lbs. or less, irrespective of the period of gestation, and the particular care of such babies has continued. Arrangements are made for information relating to birth weights to be entered on all birth notification cards.

The number of premature live births notified shows a slight increase over the previous year, as will be seen from the following summary. The corresponding figures for the previous year are given in brackets:—

Premature Live Births.		
(a) In hospital	334	(330)
(b) At home	104	(90)
(c) In private nursing homes	4	(11)
Total	442	(431)
Premature Still Births.		
(a) In hospital	70	(51)
(b) At home	12	(11)
(c) In private nursing homes	2	(1)
Total	84	(63)

The number of premature live births expressed as a percentage of the total live births is 5.53 per cent., and when this is compared with the figure for the previous year, which was 5.67 per cent., the increase is shown in proper persepective and in fact becomes a decrease.

In domiciliary cases midwives are required to seek immediate advice and any necessary assistance from the County Supervisor, and special portable heated cots and an infant oxygen tent are available for use in nursing premature infants born at home, or when it is necessary for them to be transferred to hospital.

The health visitors pay particular attention to the care of premature babies when the responsibility of the midwife ceases at the end of the lying-in period, and they also maintain close liaison with maternity departments of hospitals and with maternity homes, in order to obtain early information of discharge home and any special care needed.

Health visitors have again co-operated with the Consultant Paediatrician for Mid Bucks in a follow up of premature babies, but owing to the number involved the Consultant decided to restrict the enquiry to premature babies up to five pounds in weight. During 1959 visits were made by health visitors to 109 babies who had reached the age of six months, and special progress reports were forwarded to the Consultant Paediatrician.

Detailed information of survival related to birth weights is compiled for all premature live births, including those occurring in hospitals, and the following table also includes details of the weights of premature stillbirths:

	WEIGHT AT BIRTH.				
	3lbs. 4ozs. or less.	Over 3lbs. 4ozs. up to and including 4lbs 6ozs.	Over 4lbs. 6ozs. up to and including 4lbs. 15ozs.	Over 4lbs. 15ozs. up to and including 5lbs. 8ozs.	TOTAL.
Premature live births.					
Born in hospital—					
Died within 24 hours of birth	20	10	2	2	34
Died aged 2-28 days	5	6	6	1	18
Survived 28 days	12	43	56	171	282
Total	37	59	64	174	334
Born at home and nursed entirely at home:—					
Died within 24 hours of birth	2	—	—	—	2
Died aged 2-28 days	1	—	—	—	1
Survived 28 days	2	5	9	65	81
Total	5	5	9	65	84
Born at home and transferred to hospital before 28th day:—					
Died within 24 hours of birth	4	—	—	1	5
Died aged 2-28 days	2	1	—	—	3
Survived 28 days	—	4	5	3	12
Total	6	5	5	4	20
Born in Nursing Home and nursed entirely there:—					
Died within 24 hours of birth	—	—	—	—	—
Died aged 2-28 days	—	—	—	—	—
Survived 28 days	—	—	—	4	4
Total	—	—	—	4	4
Born in Nursing Home and transferred to hospital before 28th day:—					
Died within 24 hours of birth	—	—	—	—	—
Died aged 2-28 days	—	—	—	—	—
Survived 28 days	—	—	—	—	—
Total	—	—	—	—	—
Premature stillbirths.					
Born in hospital	37	20	7	6	70
Born at home	4	5	1	2	12
Born in Nursing Home	—	1	1	—	2

Nurseries.

(i) **Day Nurseries.**

The scale of charges for day nursery accommodation introduced in 1953 was continued. A standard weekly charge, based on the latest ascertained cost per place, is made irrespective of the parents' income for a child who does not belong to one of the categories which have priority of admission. A child is regarded as a priority case where the circumstances of the family fall within one or more of the following categories:—

(a) Mother sole wage earner, e.g. widowed, unmarried, separated or divorced, father disabled;

(b) Widower;

(c) Mother ill and no-one available to look after children;

(d) Unavoidable bad home conditions certified by Area Medical Officer;

(e) In the interest of child's health, where certified by Area Medical Officer;

(f) Acute financial need.

Where a child falls within one or more of these priority classes, the standard charge may be reduced (according to the financial circumstances of the family), subject to a minimum of 10/- per week.

The only day nursery in the County is now the Manor Park Day Nursery, Slough, which provides accommodation for 35 children. The number of children on the register at the end of the year was 22 and the average daily attendance during the year was 20.

Children resident in this County can be admitted by arrangement to day nurseries in adjoining counties but financial responsibility is accepted only when the child belongs to one of the priority classes mentioned above where it has proved impossible to make alternative arrangements. The only nurseries now available under this arrangement are those under the control of the Middlesex County Council.

During 1959 two of the three children who were attending day nurseries in Middlesex at the beginning of the year ceased attendance, and six further children were accepted for varying periods. A total of five children remained on the register at the end of the year.

(ii) **Residential Nurseries.**

Medical supervision of the two residential nurseries at Brookside, Slough (24 children), and Larchmoor, Stoke Poges (28 children) is by arrangement with the Children's Committee, undertaken by the medical officers of the County Health Department.

Arrangements are made for medical officers of the Department to examine all children on admission and at suitable intervals afterwards, to arrange vaccination and immunisation in suitable cases and to co-operate with the general practitioner appointed to treat sickness among children and staff. They also advise on general hygiene in nurseries, supervise diet and feeding, arrange for medical examination of staff, including periodic x-ray examinations, and furnish medical reports on children about to be boarded out or adopted.

(iii) **Training.**

Manor Park Day Nursery, Winterton House and Brookside Residential Nursery are recognised as Training Schools for the National Nursery Examination Board Certificate and the medical and nursing staff of the Health Department are utilised for teaching the appropriate sections of the syllabus.

Larchmoor Residential Nursery was similarly recognised as a training school up to June, 1959, but recognition was then withdrawn by the Home Office following a visit by one of Her Majesty's Inspectors.

Students are not at present accepted for training at the day nursery but the nursery continues to be used by the Education Committee for students from nursery schools to obtain experience with young babies.

Winterton House.

Winterton House was first opened as a Mother and Baby Home in 1952 and has continued to serve mothers suffering from a wide variety of conditions. The aim is to provide not only rest for the mother, but in addition skilled training and instruction in mothercraft in its widest sense, so that she may return to her home both physically and mentally fitter to manage her own affairs. The success of the home is partly due to its small size, since the essence of rehabilitation is individual care and training.

Certain alterations and improvements were carried out during the year; the playroom has been converted into the dining-room, thereby, with the kitchen and larder, forming a more compact unit for the service of meals. The former dining-room has made a pleasant playroom. Mothers may join their children here, or alternatively there is a quiet room which the children do not enter where mothers can have the rest they require. Of all the facilities provided, perhaps the one the mothers most appreciate is to be able to partake of a meal which they, themselves, have not had to prepare.

During the year 113 mothers have stayed at Winterton House and with them were 64 babies and 88 children between the ages of one and five years; the average period of stay for each mother was 16 days. Of these 43 were county residents and the remaining 70 were admitted by arrangement with other authorities. So far as outside authorities are concerned, 41 came directly through other Health Departments, including Essex, Surrey, Bedfordshire, Leicestershire, Gloucestershire, Middlesex, Leicester, Birmingham and East Ham, four by arrangement with hospital almoners and 25 by arrangement with the Invalid Children's Aid Association. Of the Bucks residents, one was referred by a General Practitioner, three by County Almoners and 39 by Health Visitors.

The reasons for admission are summarized as follows:

Ante-natal care and rest	7
Post-natal recuperation	18
Convalescence after illness	8
Mothercraft training	22
Social and domestic rehabilitation	20
Anxiety and nervous exhaustion	29
Psychiatric cases	7
Convalescence for child	2
Total	113

Informal teaching is given as occasion arises, individually in the nursery, playroom or kitchen, or to a group during the evening. Members of the County Health Education team attend for a weekly session, during which discussions held on topical subjects are often illustrated by film or film-strips.

Results are not easy to assess, but Matron receives many appreciative letters from the mothers and their husbands which indicate that benefit has been obtained from the sympathetic and helpful treatment received. All concerned with Winterton House feel that although the number of mothers who get help by a stay here is relatively small, results over the past years have proved the value of this Home.

Care of Illegitimate Children.

The arrangements for the care of illegitimate children, made with the Oxford Diocesan Council for Moral Welfare, continued to operate well. Any case requiring help coming to the knowledge of the Department was immediately referred to the Diocesan Moral Welfare Worker responsible for the area in which the girl was residing. Financial assistance in approved cases, consisting of the ascertained cost of maintenance at selected mother and baby homes, less each girl's contribution from insurance and various other sources, for a period of six weeks before and eight weeks after the confinement, can be made available on application to the County Medical Officer.

Maintenance at suitable Homes was approved for 69 cases during 1959, five of them being admitted to Putnam House, Aylesbury, the Maternity Home of the Mid Bucks Association of the Oxford Diocesan Council for Moral Welfare. The total number of cases dealt with showed a decrease of nine over the previous year.

No full-time social worker is employed by the County Council for this work but an annual grant is paid to the Oxford Diocesan Council in consideration of the case work undertaken by the Moral Welfare Workers employed by them.

Close co-operation has continued to exist between health visitors and moral welfare workers to ensure adequate supervision of illegitimate children following discharge from mother and baby homes.

Infant Deaths.

The total number of births notified for Buckinghamshire during 1959 showed a five per cent increase over the 1958 figure.

Comparative infant death rates over the past three years are set out in the following table:—

Year	Rate per thousand live births.			Rate per thousand live and stillbirths.		
	Infant Deaths 0-12 months	Neo-natal Deaths (under 4 weeks)	Deaths 1-12 months	Stillbirths	Peri-natal deaths (stillbirths and deaths under 1 week)	Total stillbirths and infant deaths
1957	21.6	16.7	4.9	18.3	32.1	39.6
1958	16.4	12.7	3.7	17.2	27.7	33.3
1959	18.4	13.5	4.9	20.0	30.6	38.0

The loss of infant life from stillbirth and death in the first year rose to 38.0 per 1,000 total births which represents a stillbirth rate of 20.0 per 1,000 total births and an infant mortality rate of 18.4 per 1,000 live births. The neo-natal mortality rate (infants dying before the age of four weeks) was 13.5. Whilst these figures compare unfavourably with the exceptionally low rates during 1958, the downward trend, though decreasing in momentum, has in fact continued and only during the three years 1958, 1956 and 1953 have lower rates been recorded.

In 1959 notification was received of 163 stillbirths and 147 infant deaths which occurred among the 8,161 births to residents in the County. There were 250 peri-natal deaths of which fifty-nine per cent were born prematurely. Prematurity is still a major factor in the cause of infant deaths and the incidence of prematurity among the total births was 6.7 per cent.

Causes of death are shown in the following table (deaths from atelectasis and allied causes of asphyxia included under the heading anoxia):—

Cause	Deaths up to one week	Deaths 8-28 days	Deaths 1-12 months	Total
Prematurity only	24	—	—	24
Congenital malformation	15	12	14	41
Anoxia and birth injury	36	2	—	38
Rhesus incompatability	2	—	—	2
Infections	4	7	21	32
Accidents	—	—	1	1
Other causes	5	1	3	9
Totals	86	22	39	147

Dental Treatment of Expectant and Nursing Mothers and Young Children.

The demand for dental treatment of expectant and nursing mothers has again been rather below expectations, only 116 new cases being examined as against 151 the previous year. It was, however, possible for a considerably higher number to be made dentally fit, 104 as against 87, but some of these undoubtedly related to the completion of treatment begun the previous year. The majority of expectant and nursing mothers are still receiving treatment from private dentists under the National Health Service.

The figures for children under five years of age present a rather different picture, there being a fairly substantial increase from 568 to 642 in the number of such children examined, with a corresponding increase from 352 to 421 in the number requiring treatment. There was also an increase from 156 to 234 in the number of children made dentally fit.

Several of the dental officers have given talks at mothers' clubs during the year, and it is hoped that this method of dental health education will bring home to mothers the importance of dental treatment, both for themselves and for their young children, and so help to stimulate the demand for this service.

Table (h) of Section H gives complete details of the number of expectant and nursing mothers and young children examined and treated during the year.

SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICE.

Staff.

During the year under review a satisfactory level of domiciliary nursing staff has been maintained. On December 31st, 1959, the number employed was as follows:—

Full time—

Supervisor of Midwives and Home Nurses	1
Deputy Supervisor of Midwives and Home Nurses	1
Assistant Supervisor of Midwives and Home Nurses	1
Superintendents of Nurses' Homes	2
District Nurse/Midwives/Health Visitors	19
Midwives	5
District Nurse/Midwives	89
District Nurses	8
Male Nurse	1
Candidates in training	1

Part time—

District Nurse/Midwives	10
District Nurses	13

The number of appointments made was 30 and there were 22 resignations. Of the latter, two retired and one was seconded for health visitor's training by this authority and will return to work as a Health Visitor.

A system of Area Relief Nurses is being built up where nurses work in groups of five including the Area Relief Nurse.

At present when midwives are engaged on full-time midwifery, relief is arranged for a continuous period of 36 hours each week and in addition one week-end a month. Every effort is made to relieve a midwife of nursing duties after a night up and of the need for her to be on call the following night.

At the end of the year there were vacancies for one domiciliary midwife, five district nurse/midwives and one male nurse.

In October the post of Deputy Supervisor of Midwives and Home Nurses became vacant and another appointment was made. The former Deputy is now County Nursing Officer in Oxfordshire.

On the retirement of the Superintendent of the Slough Home in March, 1959, another appointment was made. The Superintendent appointed had recently qualified for the Midwife Teachers Diploma.

Summary of Work undertaken by the Superintendent and her two Assistants.

Routine Visits to District Nurse/Midwives	251
Contact Visits	86
Special Visits	30
Interviews	27
Committees	26
Lectures & Discussions	69
Nursing Homes	5
Maternity Hospitals	13
Teaching Rounds	50
Nursing Relief	10 days
Group Meetings	10
Independent Midwives	1

Summary of Work.

	Cases.	Visits.	
Midwifery.			
Deliveries	2,790	54,566	
Ante-natal		31,585	
Hospital Discharges	2,287	13,532	
Post-natal		1,770	
Supervisory		4,823	
			106,276
Miscarriage	212		1,515
General Nursing.			
Medical	8,940	170,420	
Surgical	2,241	34,344	
Infectious Diseases	74	789	
Tuberculosis	106	4,228	
Maternal Complications	183	1,094	
Others	703	16,013	
Casual Visits		13,711	
			240,599
	Grand Total:		348,390

The health visiting duties undertaken by 20 district nurse/midwives are included under Section 24.

Midwifery.

As is to be expected in a growing area, the amount of midwifery undertaken in hospital and at home has increased. The total number of deliveries was 7.874: of these 2,791 took place at home and 5,083 in hospital. There were 9,200 more domiciliary midwifery visits than in 1958. 2,287 mothers were discharged from hospital to the care of the domiciliary midwife, 627 more than in 1958. Of the former figure, 576 were discharged before the 8th day. The number of visits to hospital discharges increased by 3,400 to 13,532. This increase is the more striking in view of the fact that discretion has been used in some instances where it was thought that follow-up care immediately by the health visitor was possible and desirable.

In February, 1959, the report of the Maternity Services Committee, appointed in April, 1956, under the Chairmanship of the Earl of Cranbrook, was published. The terms of reference of the Cranbrook Committee were: "To review the present organisation of the Maternity Services in England and Wales. To consider what should be their content and to make recommendations". This report states that the evidence received did not suggest that the Maternity Services were in a state of confusion, nor would the Committee say that the tri-partite arrangements bore more heavily on the maternity services than elsewhere. It did suggest methods of co-ordination and these were mainly concerned with better communication with all members of the obstetric team. One of the proposals was for a co-operation card, the purpose of which would be that all persons participating in the provision of maternity care would complete their entry on the card as fully as necessary to ensure that each member of the obstetric team is aware of the attention given by the others. Other suggestions were: the setting up of maternity liaison committees, local clinical meetings and the publication of clinical reports.

Maternity Services co-ordinating committees have been set up locally and representatives from this authority have met with representatives from the Regional Hospital Board from time to time to discuss local arrangements.

Analgesia.

Of the 2,791 mothers delivered at home, 1,336 were given Pethedine, and in addition 2,377 received Gas and Air and 163 Trilene. The number of sets of apparatus, for the administration of these analgesics, at the end of the year was: 117 Gas and Air machines and 12 Trilene apparatus.

The Flying Squad.

The Flying Squad for obstetrical emergencies was called 29 times. Of these five were for Retained Placenta, 17 Post-partum haemorrhage, five Ante-partum haemorrhage, one Failed Forceps and foetal distress, and one foetal distress.

Centres which responded to calls: Royal Bucks Hospital—6, Amersham General Hospital—4, Canadian Red Cross Hospital—15, Radcliffe Maternity Unit—2, Barrett Maternity Home, Northampton—1, Luton Maternity Home—1.

Resuscitation of the Newborn.

Eleven midwives have been supplied with infant resuscitators for the administration of oxygen to the newborn. Nine of these were donated by voluntary committees and two provided by the County Council.

Since anoxia of newborn may be a contributory factor in the cause of mental deficiency the administration of oxygen at the time may not only save life but also be a preventative measure in this respect.

The premature baby heated cot equipment was needed four times and the oxygen tent four times during the year.

General Nursing in the Home.

The total number of general nursing visits was 240,999. Of these, 63% were to patients over the age of 65 and the average number of visits to elderly patients was 26 compared with 28 in 1958.

The provision of mechanical hoists for the lifting of heavy patients is beneficial to nursing staff and relatives alike. Demonstrations have been arranged by the County Almoner and such hoists provided where necessary. All nurses now employed in this County have had instruction on the principles to be observed when lifting patients, in carrying out procedures where a patient is on a low bed and working in confined spaces.

Once again a drop in the number of Tuberculosis cases and visits is shown: 4,228 visits to 106 cases, against 5,317 visits to 113 cases in 1958.

Post-certificate Training.

In accordance with the rules of the Central Midwives Board, 22 domiciliary midwives attended midwifery post-graduate courses in Hull, Oxford, Bradford and Stoke-on-Trent. In addition two midwives attended a course on Relaxation and Parentcraft Teaching at Wonersh, Surrey, organised by the Royal College of Midwives.

The Supervisor of Midwives attended a post-graduate course for Supervisors of Midwives held at Bedford College for Women, London, and one at Fircroft College, Birmingham, for Hospital and Public Health Nursing Administrators.

One of the Home Superintendents also attended a course for Administrators held at Wonersh, Surrey.

Group Discussion.

With the study days on posture and lifting taking place at the beginning of the year, and change of staff at the end of the year, it has only been possible to arrange one round of group discussions. Items discussed were: reports on Post-Graduate Courses, the Cranbrook Report, Ante-Natal Records, Premature Babies and Transport to Hospital, arrangements for next County Post-Graduate Course, Home Help Assessments, and in South Bucks preparation for the Staphylococcal Survey. The latter has been carried out in conjunction with local hospitals in South Bucks, and the Superintendent of the Slough Home has collated the information.

Lectures and Training.

District Nurse Training. Five district nurses completed their training and one was still in training at the end of the year.

Student District Nurses. Sixteen Students were received from the four District Nurse Training Homes of Leicester, North Islington, South Croydon and Hackney. Five lectures to Student District Nurses were given in Oxford.

Pupil Midwives. The Maternity Unit at Upton Hospital has recently been approved as a Part II midwifery training home for two pupils. This brings our total commitment to fourteen every three months of the year. During the year we received a total of 47, of whom all but two completed the training and took the examination of the Central Midwives Board. An increasing number of those taking midwifery training are colonial nurses. Five pupils were recruited to District Nursing, and three of these are taking a course of district nurse training.

Student Nurses. The Administrative Staff again took part in lectures to student nurses of the Aylesbury and Associated Group of Hospitals, High Wycombe, Amersham and Canadian Red Cross Hospitals. Observation visits with district nurses were arranged and discussion groups followed.

Other Group Teaching. Home nursing lectures have been given to members of the Civil Defence Welfare Section and the W.V.S. 'One in Five' talks have continued from time to time throughout the year.

Nursery Nurses. Students have also had lectures on the care of the newborn and premature infants.

Housing.

The housing position has greatly improved over the last four years and once again our appreciation of the helpful co-operation of District Councils is recorded.

New accommodation acquired:—

Farnham Royal (Britwell Estate) ...	Two houses rented from London County Council.
Langley Estate	One house rented from London County Council for Area Relief Nurse.

Houses completed:—

Haddenham	One house erected by District Council and purchased by County Council.
Burnham	Three houses (one for Male Nurse) erected by District Council and purchased by County Council.

Houses under Construction:—

Chesham	Four flats being erected by County Council.
Stony Stratford	Two houses being erected on behalf of County Council.
Westcott	One house being erected on behalf of County Council.

Negotiations proceeding:—

Tingewick	One house to be erected on behalf of County Council.
Steeple Claydon	One house to be erected on behalf of County Council.
Aylesbury	Four houses to be erected on behalf of County Council.
Buckingham	Four flats to be erected by County Council.
Winslow	Two houses to be erected on behalf of County Council.
Farnham Royal (Britwell Estate) ...	Four houses to be erected on behalf of County Council to replace houses at present rented from London County Council.

Notifications in accordance with the Rules of the Central Midwives Board.

As the Local Supervising Authority for the supervision of midwives, the following notifications were received and from this information the Roll of the Central Midwives Board is prepared:—

Intention to Practice.

Institutional Midwives—	
(a) working in hospital	109
(b) working in private nursing homes	11
Domiciliary—	
(a) employed by Local Authority	133
(b) engaged in Private Practice	4
Total ...	257

In addition nine others notified as Maternity Nurses.

	Domiciliary.	Institutional.
Medical Aid Forms—		
Mother	745	46
Infant	172	8
Stillbirths	21	47
Deaths of Mothers	—	—
Deaths of Infants	8	12
Artificial Feeding		
Partial	89	147
Complete	271	401

SECTION 24.—HEALTH VISITING.

In presenting my report on the Health Visiting Service, I have considered it in relation to Ministry of Health Circular 26/59, but the ultimate goal of one Health Visitor per 4,300 population is still a long way off. With a population of 455,500 and the equivalent of 50 full time Health Visitors, the ratio now stands at one Health Visitor to 9,110 population.

On December 31st, 1959 the staffing position was:—

Superintendent Health Visitor	1
Deputy Superintendent Health Visitor	1
Area Superintendent Health Visitors	3
Health Education Organisers	2
Full-time Health Visitors	45
District Nurse/Health Visitors (equivalent to 5 full-time)	19
Full-time Tuberculosis Health Visitor	1
Chest Clinic Sister	1
School Health Assistants (Part-time)	12
Student Health Visitors in Training	4

Of the 19 District Nurse/Health Visitors 16 hold their Health Visitor's Certificate.

The Chest Clinic Sister is engaged in technical nursing duties only.

All Health Visitors undertake school nurse's duties in the School Health Service.

The ratio of Administrators, Superintendent Health Visitors and Health Education Organisers to Health Visitors is 1 to 7. Although there are no group advisors as such, these officers carry out many of the duties envisaged for this grade of worker. They work in close contact with the Health Visitors with office accommodation in the area health centres. Contact with staff in the periphery is maintained by regular weekly visits. In this way it is possible to assess the capabilities of the individual; and use her skills to the best advantage. By discarding duties which can be undertaken by ancillary staff it is found possible to go forward and develop the service and at the same time experiment in new fields.

Statistics.	**First Visits.**	**Total Visits.**
Expectant Mothers	3,322	4,607
Children under one year of age	8,169	35,757
Children age one but under two years ...		14,203
Children age two but under five years ...		24,277
Tuberculosis Households (including Tuberculosis Visitor)		2,308
Care of the Aged and Chronic Sick ...		3,031
Other Special Enquiries (including hospital follow-up)		4,735
School children—Visits to Homes		2,750
School children—Visits to Schools		1,712
Total number of children under five years of age visited during year for the first time		21,820
Total number of families or households visited		19,897
*Number of consultations with other workers		2,536
*Number of interviews		1,013
*Number of sessions devoted to clerical work		4,772
Ineffectual visits—all categories		9,299

Field work and functions of Health Visitors.

Home visiting is always hard to assess; and statistics do not give the whole answer as to the value of this important side of the health visitor's work. Selective visiting means fewer home visits but the quality of the work is higher. Much more time is being spent with families showing signs of emotional stress and disturbed family relationships. The Health Visitor with her increased knowledge and understanding is able to detect the early signs of family breakdown and is a front line worker in the promotion of Mental Health. This year has seen an increase in cases of this nature in all parts of the County; but particularly is it noticeable in some of our larger housing estates.

School Health Service.

The health visitors combine work in both Maternity and Child Welfare and School Health Service.

In addition 12 part-time Health Assistants work mainly within the School Health Service.

The following figures relate to work undertaken by them during 1959: —

	Sessions.
School Medical Inspections	726
Health Surveys	334
Weighing and Measuring	178
Vision Testing	102
Ophthalmic Clinics	85
Minor Ailments	38
E.N.T. Clinics	18
Vaccination anl Immunisation	856
Assist. at Child Welfare Centres	155
Assist. at Chest Clinics	10
Clerical Help	26

During the past few years a study of the health visitor's work has been made and has shown that routine hygiene inspections in many schools are now out-moded and unnecessary.

The statistics asked for by the Ministry of Education over-emphasize, at any rate so far as this area is concerned, the importance of personal hygiene and head infestation, and in consequence, many teachers and others interested in the health of the school child still relate the work of the health visitor to this narrow aspect of health.

By using the Health Assistants to dilute the work of the health visitor it has been possible for her to devote more time to general health surveys and to detecting early defects, physical, emotional and social and to follow up these when necessary by home visits.

The development of the service along these lines is left to the discretion of the health visitor as the needs of individual schools differ considerably.

Fixed Base.

With the exception of two health visitors who work from their own homes, all have office and interviewing facilities either on their area or adjacent to it. Telephone number and hours when the Health Visitor is available is circulated to General Practitioners, Hospital Almoners and other Social Workers. The three items under Statistics marked with an asterisk give some idea of the use made of these bases and the volume of work which is carried out here.

Transport.

The table below indicates the method of transport used by health visitors:—

Own Car with allowance	33
County Car	3
Autocycle	1
Bicycle	5
Public Transport	3
TOTAL	45

Liaison with General Practitioners, Hospital Staff and Others.

Progress has been maintained in liaison between general practitioners and individual health visitors and the availability of the health visitor at definite times is a factor in bringing this about.

Both Geriatric and Paediatric Ward rounds are attended weekly by the Health Visitor at Aylesbury and Amersham. A close liaison has been made between the Area Superintendent Health Visitors and the Sisters in charge of the Maternity Units in The Barratt, Westbury, The Royal Bucks Hospital, Amersham General Hospital, The Shrubbery, Colinswood Maternity Home, Stone Maternity Home, Upton Hospital and King Edward VII Hospital, Windsor.

In Aylesbury the Area Superintendent Health Visitor has formed a close liaison with the Sister of the V.D. Clinic and is assisting with contact follow up.

Health Visitors now sit on the Old Peoples Welfare Committees in Bletchley, Chesham and High Wycombe, and this close link is invaluable to the Health Visitor and Committee alike.

Liaison with other social workers.

This is more complete since social workers groups have been formed in different areas of the County. The pattern of such groups varies and depends on local conditions and circumstances. For instance, Bletchley hold their Chest Clinic on a Thursday which is now accepted as an open day. At lunch time it is usual to find a variety of workers arriving to discuss cases with the health visitor. It is unusual for a Thursday to pass without General Practitioners dropping in also.

In Chesham a "lunch meeting" is aranged once a month. Here the social workers bring sandwiches, and tea is available. This informal get together is working very well.

In Aylesbury, the social workers meet once a month, tea is served in a cafe in the town from 5—5.30 p.m. with an average attendance of 25—30. After tea a short talk by a member on his work is given, followed by discussion.

At Saunderton House there is a close working relationship between the Child Care Officer, Warden of the Home and Health Visitor. With the families accommodated here there is real scope for health teaching and every opportunity is afforded the Health Visitor to develop this.

Staff Meetings.

Quarterly meetings have been held in the County Offices for Area Superintendent Health Visitors and Health Education Organisers. These are planned to follow meetings of the County Health Committee which the Superintendent Health Visitor attends.

One full staff meeting was held at the County Offices in November when subjects under discussion were Care of the Aged and the Mental Health Bill.

Quarterly area staff meetings were held. These are of particular benefit as they give opportunity to discuss the work in relation to local circumstances.

In-service Training and Staff Education.

This year it has been possible to extend the preventive Psychiatry sessions to Slough and South Bucks. The Psychiatrist has been holding series of group discussions with the health visitors, followed by further sessions when she has been available for consultation and help with particular cases.

In Chesham and Wolverton group discussions have continued throughout the year. In June a fresh group this time in Aylesbury started. It has now been possible to offer this service to all the health visitors and all have joined in and benefited from it.

Missenden Abbey.

In February, a two-day in-service training course was held here at Missenden Abbey, attended by 30 Health Visitors, one County Almoner, two District Nurses and a representative of the Education Department. Visitors to the course included a Regional Nursing Officer from the Ministry of Health. The theme, "Care of the Physically handicapped school child".

A one day course on the Deaf Child and use of an audiometer was held in High Wycombe and attended by six health visitors.

Refresher Courses.

This year eleven health visitors attended refresher courses approved by the Ministries of Health and Education. These courses are valuable both in keeping staff conversant with new methods and ideas and in the contacts they make.

Themes this year were:—

1. The Promotion of Mental Health.
2. Principles of Health Education.
3. Techniques in Health Visiting.
4. Balance of Mental Health.

The two Health Education Organisers attended the Central Council for Health Education's Summer School. The theme—"The Dynamic approach to Health Education".

Day Conferences.

A Mental Health Conference—The theme "Meeting the Challenge of Change", was attended by Superintendent Health Visitor and two Area Superintendent Health Visitors.

The National Association for Maternal and Child Welfare Annual Conference was attended by two senior members of staff.

The Chest and Heart Association Conference — "The Chesty Child", was attended by two Health Visitors.

Recruitment.

After a year with no sponsored Health Visitor Student in training, three commenced in September.

Senior members of the staff lecture on the Social aspects of disease to student nurses at the following hospitals:—

The Canadian Red Cross, Taplow.
Upton, Slough.
Amersham General.
Halton, R.A.F.
St. John's, Stone.
The Royal Buckinghamshire and Associated Hospitals.

Observation visits are planned so that each student nurse spends one session with either Health Visitor or District Nurse visiting in the home, and one session at Child Welfare Centre, Occupation Centre, School or Old People's Home, etc.
Student nurses are showing an increased interest in the health visiting service.

At Wycombe Abbey Girls' School a Lecture on the Health Services is asked for each year. Any girl who shows a particular interest in the work of the Health Visitor is shown something of the Service. One pupil commenced the integrated course of training for a Health Visitor between St. Thomas' Hospital and Southampton University in September.

The Health Lectures to the Nursery Nurse Students in the Slough College of Further Education have been undertaken by the Health Education Organiser.

Health Education.

It is now ten years since organised Health Education began in this County. The aim in this report is to show what we have been trying to do, how we have done it, and what success we have had, together with the theoretical considerations governing our particular approach. We have endeavoured to:—

(a) Find and define groups of people who were willing to accept Health Education.

(b) Develop methods by which the groups could be educated.

(c) Find acceptable teachers.

In looking for suitable groups of people, one must consider what particular aspect of health interests them most for this gives a common starting point. Topicality may be important here, and when people become interested, the opportunities to press home health education measures must not be lost. Epidemics, home accidents and radiological hazards are classical examples in this field. Interest alone is scarcely enough and incentive to learn is important too. We can nearly always show that there is a benefit to the individual or group in being knowledgeable in health matters. The young mother and the athlete are obvious examples. Competition between groups, rivalry between schools, the pride in one's village or town can all be manipulated so as to give an incentive or urge to particular groups. These two considerations have always been in the forefront of our planning. They are regarded as the most important, and while there are many other things that influence us, these have coloured all our endeavours.

Having defined groups, the next stage was to consider how they were to be educated and by whom. Since we provide for such widely differing groups as industrial concerns, women's institutes, youth organisations, townswomen's guilds and mothers' clubs, it is fairly clear that lecturers must be drawn from varying sources with a wide range of knowledge and interests. While this is so, it is on the other hand essential to have a continuity and co-ordination of effort with some professional group playing a major part. This group must be prepared to organise as well as teach.

We have selected health visitors to play this role. Health Education is organised round their activities because they are well known and acceptable to a wide variety of persons. Their work in clinics and home visiting is already largely educational and their channels of communication with headquarters well established. They are competent with suitable guidance where necessary to undertake a great deal of teaching themselves and by reason of their training are ready to accept the fact that there are wide fields where special knowledge is a pre-requisite to successful teaching.

To provide lectures for existing organisations such as women's institutes and youth clubs is comparatively easy, and they provide an admirable medium for disseminating information. But they suffer from one serious defect, their studies in health are secondary to the purpose for which they were founded.

It is necessary to have one organisation whose primary object is an interest in health, which will enable us to approach the family as a unit. It was on this basis that we started our mothers' clubs which are primarily devoted to Health Education. It seems likely that if the mother of a young family takes an interest in all aspects of health the family unit must benefit enormously. The education of the mother as the key individual in the family is of primary importance followed closely by the need to interest children in health matters while still at school.

In 1949, Miss Coulthard, the first Health Education Organiser was appointed and our first two mothers' clubs were formed, giving us a new platform for health topics.

From 1949 to 1955 a Quiz or County Health Exhibition was held each year, which both stimulated and encouraged the clubs in their early years of development.

Early in 1958 plans were laid for a County Health Exhibition to mark ten years of Health Education and the date June 20th, 1959, was fixed.

Miss Coulthard, whose untiring work had won the admiration of all concerned with the Health Education programme in the County, was however, not destined to see the fulfilment of her efforts, for she died in February, 1959, after a long illness. I would like to pay tribute to the work of Miss Coulthard.

The Tenth Anniversary Exhibition.

The highlight of the Health Education Programme for 1959 was the Exhibition mentioned above which was held in the Grange School, Aylesbury. This Exhibition was graciously opened by Her Royal Highness the Duchess of Kent, and a distinguished company of guests was present, including the Lord Lieutenant of the County, members of the County Council, the Mayor of Aylesbury, representatives from the Ministry of Health, Staff from adjoining local authorities and Chief Officers from several other Departments. Her Royal Highness showed a keen interest in all she saw and heard and talked to many representatives from the Mothers Clubs.

Planning and Preparation of the Exhibition. Early in the year Mothers Clubs, Child Welfare Centres and other groups started sending in suggestions for titles for the exhibits they wished to undertake and by the end of February, 25 groups had asked to take part in the final exhibition on June 20th.

As the suggestions were sifted, it became clear that they fell into place under the following headings:—

The Ante-Natal Period.
Mothers Clubs.
Home Safety.
Visual Aids.

The Grange School lent itself admirably to an exhibition of this size and the following lay-out was planned.

The Health Education Slogan "Let us create interest so that we may pursue good health not merely for ourselves but for the family and community", hung on a banner in the entrance to the foyer. Also in prominent positions were three large maps of the County showing:—

(1) Miniature hand painted pictures of local industry and historical interests.
(2) Distribution of Mothers Clubs.
(3) Distribution of Ante-Natal Groups.

The exhibits under the four main headings mentioned above, were presented by groups in the following areas:—

The Ante-natal Period—

Group.	Theme.
Wraysbury.	Development and function of an Ante-natal Class.
Marlow.	Father's part. From Ignorance—Knowledge.
Tingewick.	The Ante-Natal Class and preparation of home for confinement.
Olney and District.	Diet in Pregnancy.

Health Education within Mothers Clubs—

Great Kingshill.	A Rural Mothers Club.
Wing.	Our Activities.
Wolverton Club.	Development of club and contact with outside organisations.
Wolverton Little Club.	

Buckingham.	History of Old Institution and build up of Mothers Club within it.
Thornborough.	"The Youngest".
Bletchley.	Our club and clean Food.
Chesham.	Link between Child Welfare Centre and Mothers Club.
New Bradwell.	Tenth birthday party. (Illustrating Health Teaching received).
High Wycombe.	Build up from Ante-Natal to parents group.
Weston Turville.	Gateway to Health.
Safety in the Home—	
Horton.	Home Safety.
Wendover.	Burns and Scalds.
Shenley and Loughton.	Poisoning.
Aylesbury.	Safety in the garden.
Wooburn Green.	Home Safety.
Great Horwood.	First aid in the home.
Visual Aids and Miscellaneous Exhibits—	
Denham and Slough.	Visual Aids.
Ickford.	The Community Hall (built by villagers). Health Activities carried out there including Mothers Group.
Long Crendon.	Welfare—Old and New.
Wendover.	The first five years of child development.
Lane End.	45 years of progress within the Child Welfare Centre.
Staff:—	
1. Health Visitor.	B.C.G. Vaccination.
2. Medical Officer.	Smoking and Lung Cancer.

School children also took part in the Exhibition by sending in posters on Home Safety. These were stitched to banners and hung from balcony and walls.

It was only possible for four hundred mothers to attend the Exhibition but, in the three weeks preceding the date three areas held local exhibitions so all members had an opportunity of seeing the exhibits.

It can be argued that exhibitions have a limited value, but as a Health Education exercise, this exhibition proved wholly worthwhile. First it has shown that the work carried out by the health visiting staff since the beginning of the Health Education campaign ten years ago has borne fruit throughout the County. The section of the community to whom this drive has been directed is the mothers of pre-school and school-aged children. They are the key to Health Education within the family, and by the continuity of teaching given, they have acquired an interest and desire for knowledge in this subject which has now reached the point where they themselves are health educators.

Secondly, it has shown that competition has played an important part in the development of Mothers Clubs. During the first five years, stimulation was necessary and for this purpose some form of competitive exhibition was organised each year. Through this means a healthy and friendly rivalry was achieved which united the clubs throughout the County. By 1955 the foundations of Buckinghamshire Mothers Clubs were well laid. This was followed by four years of consolidation when exhibitions were replaced by an Annual Mothers Club Rally.

Thirdly, the "team spirit" which has developed both within and between the clubs. The standard of work showed that a great deal of thought had been given both to the planning and execution of individual exhibits. It also showed a unity of purpose in developing the three main themes of the exhibition. The competitive stage is passed and replaced by a wider and more positive team approach to Health.

The professional staging for the Aylesbury Exhibition was made possible by planning help from the County Architect which was much appreciated. The school provided tables of a uniform size and with backcloth boards and bunting a different colour scheme was used for the four main themes. This gave colour and strength to the exhibition. The floral arrangements by the County Farm and the brilliantly sunny day all combined to make the occasion a colourful and happy one.

The General Health Education Programme. The aim this year has been to expand the service to reach as many sections of the community as possible.

The following figures relate to group teaching given during 1959, with the 1958 figures in parentheses:—

Talks given by:—		
Health Education Staff	283	(241)
Medical Officers	108	(84)
Administrative Health Visiting Staff	49	(87)
Administrative District Nursing Staff	45	(40)
Health Visitors, District Nurse/Health Visitors and District Nurses	1,163	(1,167)
Dental Officers	3	(8)
Officers of Local Education Authority	41	(17)
Medical and Nursing Staff of Regional Hospital Board ...	8	(9)
Almoners	4	(3)
Members of Voluntary organisations	32	(15)
Fire Prevention Officers	7	(6)
Police Officers	9	(5)
Mental Health Officers	9	(—)
Child Care Officer	3	(1)
Others (including Brains Trust Discussions and special talks)	274	(151)
	2,038	(1,834)

Talks given to:—		
Expectant Mothers (including evening sessions attended by husbands)	1,113	(973)
Mothers Clubs and Groups	480	(429)
Child Welfare Centres ...	12	(35)
Senior School Children ...	121	(122)
Winterton House Groups ...	37	(32)
Parents Groups	13	(18)
Outside Organisations ...	262	(225)
	2,038	(1,834)

The talks and discussions covered a wide range of subjects. The approximate percentage of talks under six main headings is set out in the following table:—

Mental Health.	4.9%
Physical Health.	6.2%
Preparation for Parenthood.	54.3%
Nutrition.	1.2%
Disease and Defect (including accidents)	10.4%
General and Environmental Health Subjects.	23.0%

A steady increase is shown by the foregoing figures in nearly all types of group teaching; this was only possible because of the very active support given by so many members of the Health Team and in particular the Health Visitors and District Nurse/Midwives who continued to give support and stimulate their local groups with new ideas and projects.

Relaxation and Parentcraft Groups. The number of these groups meeting regularly increased from 28 to 42 during the past year. The tuition has continued to be given by the local Health Visitors and District Midwives, often working together and supported by staff from the Local Maternity Units. A total of 1,568 expectant mothers have attended these classes during the year. The film "My First Baby" which was shown in the evenings to a mixed audience of expectant mothers and fathers on 31 occasions again proved its value by the lively discussions which followed the showing of the film.

	Number of Classes Held.			
Area.	*For Expectant Mothers*	*For Husbands attending with Expectant Mothers.*	*Total number of Attendances*	
			Mothers.	*Fathers*
North Bucks	243	2	1,132	24
Aylesbury	104	5	590	43
Wycombe	345	15	3,348	197
South Bucks	390	9	2,905	257
	1,082	31	7,975	521

Child Welfare Centres. Exhibits and poster displays on subjects such as foot health and home safety have been displayed in some centres and in the waiting halls of many of the permanent clinics where they have been seen not only by mothers but by the large number of young people waiting for poliomyelitis vaccination.

The toddlers clinic and discussion group for mothers, started last year at Wendover, has continued. The talks and discussions have been much appreciated and a good attendance has been observed throughout the year. Some of the topics discussed were:—

Feeding Problems.

Separation from Mother (on this occasion the film "Going to Hospital with Mother" was shown and the Paediatrician attended and led the discussion).

Suitable Toys (this talk was given at the first session in December and mothers were glad to have suggestions before their seasonal toy shopping).

Winterton House. Weekly discussions frequently introduced by a film or filmstrip have been of benefit to the mothers during their stay at the home.

Mothers Clubs. The Mothers Clubs and allied groups have had a particularly satisfactory year. There has been a slight increase in their numbers and there are now 29 clubs in the County. The success of the June Exhibition has helped clubs to realise the great possibilities that lie in the future.

At the Annual General Meeting of the Mothers Clubs held in September the question of catering for the needs of the younger mothers within the clubs was discussed.

It was put to members that they should consider this and bring back to the next Annual General Meeting ideas and suggestions.

Health Education in Schools. Series of talks have been given to senior girls in ten different schools. The main subjects were mothercraft and personal hygiene.

Outside Organisations. Organisations independent of those sponsored by the County Council have continued to request talks on various aspects of health. 262 such requests were made during 1959 as compared with 225 during 1958.

The Health Education Staff have also co-operated with the Aylesbury and Slough Home Safety Associations.

Mass Miniature Radiography. This section again co-operated in the propaganda for Mass Radiography and appointments were made for 670 members of the County Council's Staff to be X-rayed.

Visual Aids. With a second sound ciné projector in the department, and film strip projectors housed throughout the County, full advantage has been taken of films and filmstrips to illustrate talks and help discussions. The simpler visual aids, such as flannelgraphs, posters and leaflets continue to have their place in health teaching.

The number of film projections during the year was 112, including 47 projections of the three films owned by the Department. There are now 107 filmstrips available in the library and they were used on 674 occasions.

Library. Thirty new books have been added to the Library during the year and a revised list of books has been issued to staff.

SECTION 26—VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.

Vaccination against Smallpox continues to be undertaken mainly by the medical practitioners; parents making the necessary appointments for the vaccination of their children with their own family doctors.

However, the arrangements to undertake vaccination at the larger child welfare centres, where facilities are available for the storage of vaccine lymph, were again extended wherever possible. This service is becoming increasingly appreciated by the mothers as will be seen from the fact that the number of vaccinations undertaken at Child Welfare Centres again showed a considerable increase, 1,368 as against 1,024 the previous year.

The campaign against smallpox was continued as part of the health education programme at many of the child welfare centres, and apparently contributed to the further increase in the number of primary vaccinations, the figure at 6,120 being 521 more than the previous year. Another enouraging feature was that the number of primary vaccinations under one year of age was again increased, the figure of 5,058 representing 63 per cent of the number of live births during the year.

Details of vaccinations and re-vaccinations undertaken during 1959, with comparative figures for the previous year in parentheses, were as follows:—

Age	Under 1.	1.	2—4.	5—14.	15 or over.	Total.
Number vaccinated ...	5,058	329	226	209	298	6,120
	(4,635)	(271)	(254)	(185)	(254)	(5,599)
Number re-vaccinated ...	—	—	44	161	647	852
	(—)	(—)	(48)	(154)	(601)	(803)

Vaccination against Poliomyelitis.

The scheme for the vaccination of persons born from 1933 onwards, together with the priority groups introduced the previous year, was continued.

The majority of the younger age groups continue to be vaccinated at the sessions organised by the Area Medical Officers, and undertaken both by our own medical officers and general practitioners. During the year a total of 16,327 children born from 1943 onwards received the initial course of two injections.

After a slow start an improvement was noticed in the number of applications for vaccination received from the older age group born in the years 1933 to 1942 inclusive, and 21,589 of them received two injections during the year.

The vaccination of expectant mothers and other priority groups already authorised was also continued, and the number of such persons vaccinated with two injections during the year was as follows:—

Expectant mothers	2,958
General practitioners and their families	123
Hospital staff, medical students, and their families	1,868
Ambulance staff and their families	18

All groups are now entitled to receive a third injection after an interval of not less than seven months from the date of the second injection, and by the end of the year the total number of persons who had received a third injection was 84,476.

Immunisation against Diphtheria.

As mentioned in last year's report, in accepting the advice of the Central Health Services Council, the County Council decided to alter their scheme of immunisation to provide for the issue of single antigens only for an experimental period as from the beginning of 1958 and this revised scheme continued during 1959.

Despite the revised programme, the drop in the number of primary immunisations noted the previous year was arrested, and there was an increase from 5,255 in 1958 to 6,103 in 1959.

Details of primary immunisations and re-immunisations, divided into the two six-monthly periods are given below:—

	Half-year ended 30th June.	Half-year ended 31st December.	Total
Children under one year	1,791	2,079	3,870
Children one to four years	885	994	1,879
Children five to fourteen years	110	244	354
Re-immunisation	2,982	2,123	5,105

Combined antigens were not issued from this Department but records continue to be received from family doctors, the number included in the total of primary immunisations mentioned above being 2,152.

The annual statistical return was again required by the Ministry of Health to take into account the proportion of children of each age group who have received a course of immunisation as well as the age at which the course was given. This double classification resulted as follows:—

Age at 31st December, 1959 (i.e. born in year)	Under 1. (1959)	1—4 (1955-58)	5—9 (1950-54)	10—14 (1945-49)	Total.
Last complete immunisation (primary or booster)					
1955-59	1,217	19,597	22,863	12,227	55,904
1954-or earlier	—	—	7,408	21,500	28,908
Estimated mid-year child population ...	7,890	27,610	75,000		110,500
Immunity index (percentage of children immunised during last five years)	15	71	47		51

Immunisation against Whooping Cough.

Immunisation against whooping cough has been part of the immunisation programme in this County for a number of years but only during the past two years has an annual return been required by the Ministry of Health.

With the reversion to single antigens, the number of children immunised against whooping cough alone again increased quite considerably, and during the year a total of 4,063 such immunisations were completed, a rise of 799. With the combined immunisations mentioned above, the total number of children receiving a full course of immunisation against whooping cough amounted to 6,215. All but 62 of these were under five years of age.

Immunisation against Tetanus.

As mentioned last year, immunisation against tetanus is now included in our programme, and the increasing interest noted towards the end of 1958 was maintained during 1959. During the year 610 people were immunised, 473 of these relating to children under five years of age. This was an increase of 507 over the previous year.

SECTION 27—AMBULANCE SERVICE.

Patients.

The number of patients dealt with during the year was 170,520 as compared with 159,957 in 1958 and 158,336 in 1957.

The number of emergency cases totalled 16,987 which was approximately 46 per day.

Mileage.

The mileage travelled was 1,491,811. Previous figures were 1,407,469 in 1958 and 1,335,503 in 1957.

Rail Travel.

During the year 825 patients travelled by rail as compared with 688 in 1958 and 634 in 1957.

These journeys, which are arranged by the Ambulance Service in conjunction with British Railways, afford a considerable saving in expense and manpower. In 1959 approximately 172,000 vehicle miles were saved by taking advantage of the facilities provided on most main line services for stretcher and sitting cases.

Staff.

The number of operational personnel on the authorised establishment at Ambulance Stations was 118. At the end of the year there were six vacancies. Of the 112 operational personnel employed 106 had qualified in first aid. The remainder were all undergoing courses.

Ambulance drivers are entered in the annual Safe Driving Competition organised by the Royal Society for the Prevention of Accidents and of the 88 drivers who were eligible for inclusion in the 1959 Competition 65 gained awards for an accident-free year of driving.

Personnel are encouraged to undertake additional ambulance training and this Authority supports the Ambulance Efficiency Competition organised annually by the National Association of Ambulance Officers. In 1959 a team representing the Bucks Ambulance Service were runners-up in a National Final for the second year in succession.

Long Service (10-year) Certificates were issued to five of the staff during the year.

Vehicles.

The number of vehicles in use in the Ambulance Service at the end of the year was 58 comprising 34 ambulances and 24 other vehicles.

The average mileage was approximately 26,000 per vehicle.

Civil Defence.

Eleven training courses were held during the year in various parts of the County at which 142 volunteers of the Ambulance and Casualty Collecting Section attended.

During the year one Superintendent and one Senior Driver qualified as centrally trained instructors at the Civil Defence School at Falfield, and two Senior Drivers and one Head Driver qualified locally as Section Instructors.

An examination scheme for First Aid Lay Instructors was introduced during 1959. The examinations were conducted by Medical Officers of the Department and 14 ambulance service personnel took the tests and qualified as lay instructors. The scheme was arranged primarily to provide a panel of qualified lay instructors for the teaching of First Aid to Civil Defence volunteers of all Sections of the Corps.

During the year ten Civil Defence first aid courses have been held.

Private Bookings.

Private bookings accepted under the provisions of the National Health Service (Amendment) Act, 1957, were as follows:—

B.B.C. Television	1
Sporting Events	9
Patients	4

Voluntary Aid Societies.

Attendants from the St. John Ambulance Brigade and the British Red Cross Society continued to give their valuable services throughout the year. In addition to duties at Ambulance Stations they also assisted as escorts to patients travelling by rail.

Statistics.

Statistics relating to the work of the Ambulance Service for the year under review are shown in Table (j) of Section H and details of patients carried and mileage travelled each year since the inception of the National Health Service Act in July, 1948, are given below:—

Year	Total Patients	Patients by Rail	Vehicle Mileage	Rail Mileage	Total Mileage
1948	18,777	—	387,246	—	387,246
1949	64,337	—	1,066,928	—	1,066,928
1950	69,866	—	1,220,351	—	1,220,351
1951	88,597	—	1,321,406	—	1,321,406
1952	103,625	—	1,378,967	—	1,378,967
1953	117,224	189	1,266,772	24,422	1,291,194
1954	138,192	515	1,202,249	51,406	1,253,655
1955	149,735	592	1,233,586	48,729	1,282,315
1956	152,089	605	1,271,516	62,107	1,333,623
1957	158,336	634	1,335,503	74,506	1,410,009
1958	159,957	688	1,407,469	73,824	1,481,293
1959	170,520	825	1,491,811	85,817	1,577,628

SECTION 28—PREVENTION OF ILLNESS — CARE AND AFTER CARE.

Report of the County Chest Consultant.

The following report has been submitted by Dr. Stephen Hall, County Chest Consultant:—

"Area Population and Medical Staff.

The county comes within the areas of two Regional Hospital Boards. The North-West Metropolitan Regional Hospital Board area comprises Eton Urban and Rural Districts, Slough Borough and Beaconsfield Urban District with an estimated population of 151,000. The medical staff consists of a part-time consultant, a part-time senior registrar and a part-time registrar. The remainder of the county is covered by the Oxford Regional Hospital Board and has an estimated population of 304,500, the medical staff being one part-time consultant, one whole time consultant, one senior hospital medical officer and one full time registrar.

Clinics.

The clinics are situated at Slough (Upton Hospital), Amersham (General Hospital), Aylesbury (Tindal Hospital), High Wycombe (War Memorial Hospital), Buckingham (Cottage Hospital), Bletchley (School Clinic), Wolverton (Out-Patients Clinic).

Tuberculosis Register.

The number of cases of tuberculosis on the register at the end of the year was 2,941 of which 1,382 were in the area of the North-West Metropolitan Regional Hospital Board and 1,559 in the Oxford Area, which was in about the same proportion as the previous year. The number of new cases declined to 165 (North-West Metropolitan 82, Oxford 83) and were distributed fairly evenly throughout life, whereas in previous times the brunt of the disease fell on young adults. Deaths from tuberculosis numbered 33 (North-West Metropolitan 15, Oxford 18). Nowadays the new cases, except in the very old, are not very severe and usually respond fairly rapidly to treatment, so on the whole the disease is not viewed with alarm by the patients.

Contact Examinations.

The examination of persons in contact with tuberculosis remains an important feature of tuberculosis work, and 1,118 were so examined during the year for the first time. Fifteen of them were found to have tuberculosis.

B.C.G. Vaccination in Schools.

At the age of thirteen children in Buckinghamshire are offered tuberculin testing and B.C.G. vaccination, and during the year 3,754 were tested. Only 481 were positive (indicating previous exposure to infection) and they were questioned as to the source of their infection and X-rayed. This procedure does not bring to light any fresh cases of tuberculosis and the department will have to review its policy with these children. The remainder were given B.C.G.

Mass X-Ray.

During the year 33,575 persons were examined by mass radiography and 16 of them were found to be suffering from tuberculosis, giving a rate of 0.5 per thousand which is fairly low. An experiment was tried for eight months in which a mobile mass radiography unit visited some 20 villages on a regular fortnightly roster so that villagers could have ready access to chest X-ray instead of having to visit the town. It is too early to assess the success of this experiment but by the end of the year 1,618 persons had been examined.

The following are the details of the surveys carried out in the county during the year:—

Unit	Number of persons examined			New cases of tuberculosis discovered
	Males	Females	Total	
Northampton Unit.				
Aylesbury Borough	4,822	3,795	8,617	7
Aylesbury Rural	1,249	1,790	3,039	3
Grendon Hall	124	5	129	—
Bletchley Urban	2,973	2,390	5,363	—
Newport Pagnell Urban	799	708	1,507	1
Newport Pagnell Rural	181	234	415	—
Olney	415	494	909	—
Stony Stratford	277	419	696	—
Westcott R.P.	648	53	701	—
Woburn Sands	189	309	498	—
Wolverton	3,066	1,349	4,415	1
Reading Unit.				
Stowe	96	26	122	—
N.W. Metropolitan Unit 5A.				
G. D. Peters & Co., Slough	452	83	535	—
Hawker Siddeley Nuclear Power Co., Langley	155	39	194	—
Southern Forge, Langley	217	47	264	—
Slough—outlying housing estates ...	1,279	2,348	3,627	1
Beaconsfield	928	1,616	2,544	3
Totals	17,870	15,705	33,575	16

General.

In the Oxford Regional Hospital Board part of the county the six year follow-up study was continued. As will be seen the fitness and survival rates improve year by year and are excellent, no less than 87% of patients are now alive and well six years after the onset of their tuberculosis. Could this be said of any other disease?

Year notified	1953	1952	1951	1950
Alive and well after 6 years	166 (87%)	154 (78%)	152 (72%)	179 (71%)
Not very well	3	15	8	15
Deaths from all causes	10	12	35	40
Gone abroad	6	7	7	6
Lost sight of, etc.	4	8	7	13
Total Cases	189	196	209	253
Recovered (included in alive and well) ...	28 (15%)	27 (14%)	40 (19%)	51 (20%)
Cases still on our register	121 (64%)	118 (60%)	89 (43%)	118 (47%)
Deaths considered due to tuberculosis ...	2	8	17	23
Tuberculosis recorded as a complication	4	2	7	2
Death not considered influenced by tuberculosis	4	2	11	15

Other respiratory diseases occupy an increasing proportion of the chest physicians' time and the accompanying table giving the deaths in the county from tuberculosis, bronchitis, lung cancer and all other cancers shows how heavily lung diseases affect men. Particularly is this so of lung cancer where in men it contributes over a third of all fatal cancers. In general lung cancer in men is increasing rapidly while 'all other cancers' tend to remain stationary or decrease slightly.

Deaths from							
Tuberculosis.		Bronchitis.		Lung Cancer.		All Other Cancers.	
M	F	M	F	M	F	M	F
23	10	161	71	151	20	295	386

Tuberculosis Statistics.

There follow details of tuberculosis notifications and mortality together with tables showing the work of the chest clinics."

TUBERCULOSIS.

Notification and Mortality.

Notifications of, and deaths from, tuberculosis during the twelve-year period 1948-1959, together with death rates per hundred thousand of the population, are given below:—

Year.	Primary Notifications.		Mortality.			
	Respiratory only.	All forms (including respiratory).	Respiratory only.		All forms (including respiratory).	
			Number.	Rate.	Number.	Rate.
1948	318	376	114	30.6	126	33.9
1949	319	380	102	26.6	112	29.2
1950	314	383	62	16.1	70	18.1
1951	309	365	56	14.3	72	18.4
1952	292	345	50	12.7	58	14.7
1953	256	310	35	8.8	37	9.3
1954	235	277	27	6.7	35	8.7
1955	234	277	18	4.4	23	5.6
1956	236	281	31	7.4	33	7.9
1957	172	208	21	4.9	24	5.6
1958	173	211	30	6.8	35	7.9
1959	161	187	27	5.9	33	7.2

The following are the particulars of notifications during the year under review, by sex and age groups:—

Age groups.	Respiratory.		Non-respiratory.		Total.
	Males.	Females.	Males.	Females.	
0—	—	—	—	—	—
1—	1	—	—	—	1
2—4	2	2	1	—	5
5—9	4	—	1	—	5
10—14	3	5	2	—	10
15—19	5	4	1	2	12
20—24	11	9	—	—	20
25—29	4	10	7	1	22
30—34	11	8	1	2	22
35—39	12	4	—	1	17
40—44	8	3	—	1	12
45—49	6	3	—	—	9
50—54	9	1	—	2	12
55—59	11	4	—	—	15
60—64	6	2	—	—	8
65—69	6	2	1	2	11
70—74	4	1	—	—	5
75—79	—	—	—	1	1
80 +	—	—	—	—	—
Totals	103	58	14	12	187

RETURN RELATING TO THE WORK OF THE CHEST CLINICS during the year 1959.

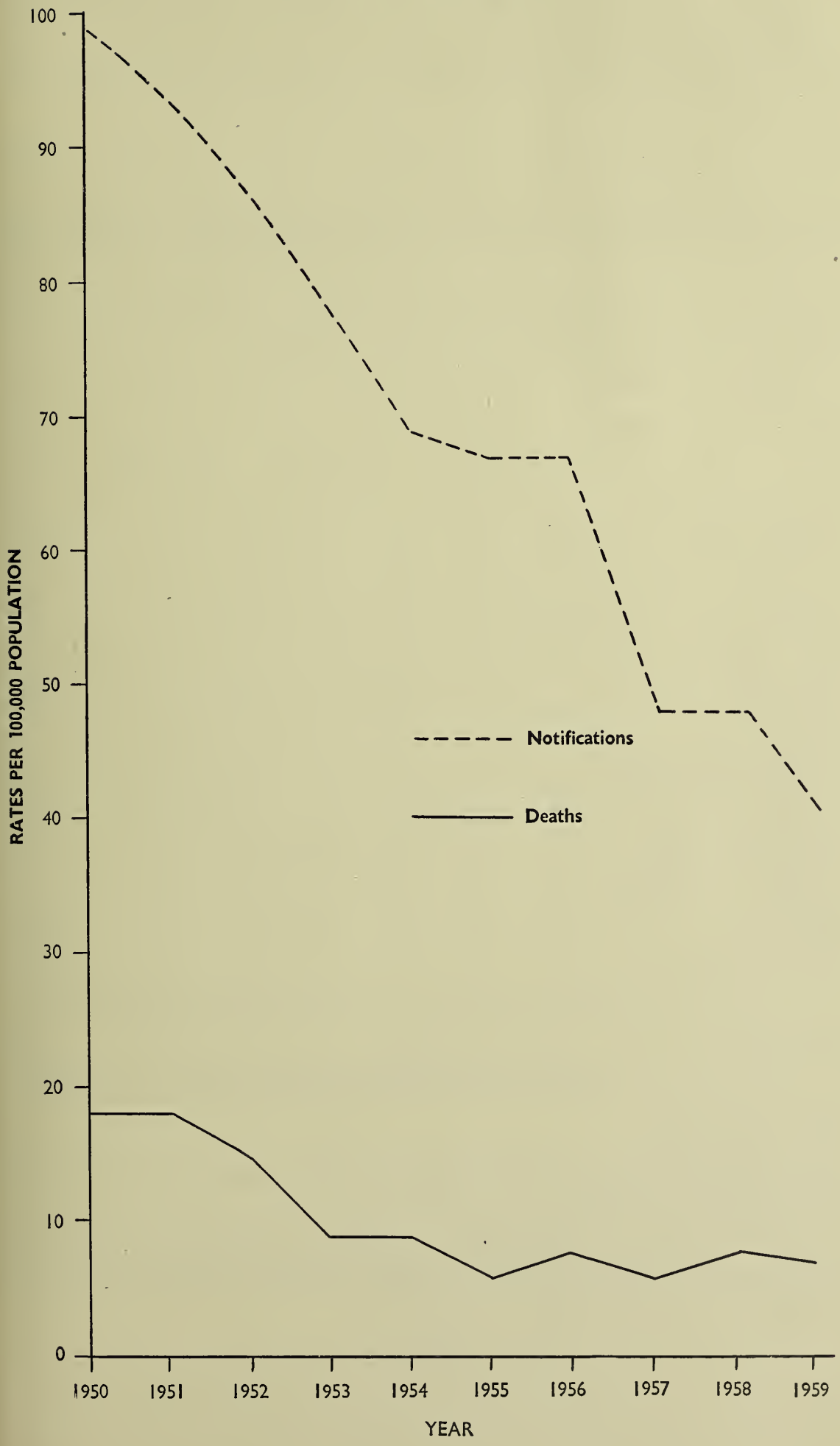
	RESPIRATORY.				NON-RESPIRATORY.			
	Males.	Females.	Children.	Total.	Males.	Females.	Children.	Total.
Notified cases on Clinic Register at beginning of year	1,401	1,066	162	2,629	104	133	58	295
Children transferred to adults during the year	4	2	—	6	4	5	—	9
No. of notified cases added to Register during the year—								
Class A (not bacteriologically confirmed):								
Group I	30	13	15	58				
,, II	8	11		19				
,, III		2		2				
Class B (bacteriologically confirmed):					11	14	2	27
Group I	14	6		20				
,, II	18	10		28				
,, III	8	3		11				
Transfers in during the year	90	71	9	170	3	5		8
TOTALS	1,573	1,184	186	2,943	122	157	60	339
No. of notified cases removed from Register during the year—								
(a) Recovered	58	52	17	127	22	14	5	41
(b) Died (all causes)	33	5		38		6		6
(c) Transfers out	37	31	4	72	3	8	3	14
(d) Others	15	7	3	25	2	1		3
Children transferred to adults during year	—	—	6	6	—	—	9	9
TOTALS	143	95	30	268	27	29	17	73
Total remaining on Clinic Register at end of year	1,430	1,089	156	2,675	95	128	43	266

RESPIRATORY AND NON-RESPIRATORY.	Total.
Total number of new persons examined (excluding ' transfers ')—	
(a) Complete examination	4,086
(b) X-ray only	4,445
Number of persons examined for the first time as contacts (included in above)	1,118
Number of contacts found to be tuberculous ...	15

BUCKINGHAMSHIRE

TUBERCULOSIS (ALL FORMS)

Notification and Death Rates, 1950-59



SECTION 29—HOME HELP SERVICE.

Now that the administration of the Service on an Area basis under full-time Organisers has completed its second year, it is realised that the new arrangement has been invaluable in coping with the increasing demands on the service.

During the year the approved establishment was increased by the appointment of an Assistant Organiser for the Aylesbury Area which brought the number of staff up to four full-time Area Organisers and four full-time Assistant Organisers.

In October forty home helps from the Aylesbury Area attended a one-day Conference held in Aylesbury. The home helps welcomed the opportunity of listening to the interesting and instructive talks given by the Senior Staff of the Department.

The co-operation between the Organisers and the family doctors, health visitors, district nurses, hospital and County Almoners, home teachers for the blind and other welfare workers has been well maintained. Without such invaluable mutual assistance the Service would be difficult, if not impossible to work and these good relations are greatly appreciated.

At the end of the year 403 part-time helps were employed, as compared with 380 at the end of 1958. There was a considerable increase in the total number of cases helped during the year, 2,005 as compared with 1,716 in 1958, but the number of tuberculosis cases helped again decreased from nineteen to eleven, significant of the general trend in the disease.

The number of householders assisted during the year in the various districts in the County was as follows:—

Area.	Acute Sick.	Chronic Sick.	Old Age.	Tuberculosis.	Maternity	Good Neighbours.	Problem Families.	TOTAL.
Aylesbury Area.								
Aylesbury Borough	18	21	49	1	24	4	—	117
Aylesbury Rural	11	12	47	1	18	16	1	106
Linslade	4	4	11	—	3	2	—	24
Wing Rural	3	8	31	—	15	5	—	62
North Bucks Area.								
Bletchley	19	28	74	—	23	2	2	148
Buckingham	2	8	32	1	8	9	2	62
Newport Pagnell	1	2	14	—	3	4	—	24
Olney	3	2	12	1	—	1	—	19
Stony Stratford	2	5	28	—	4	6	—	45
Winslow Rural	1	2	11	—	4	1	—	19
Wolverton	11	13	98	—	22	5	4	153
South Bucks Area.								
Beaconsfield	—	—	7	—	—	1	—	8
Gerrards Cross, Denham and Fulmer	12	9	19	1	10	—	—	51
Slough and District	100	99	234	2	53	6	—	494
Wycombe Area.								
Amersham Rural West ...	2	6	20	—	4	1	—	33
Bourne End	14	10	18	—	9	1	—	52
Chalfonts, Seer Green and Jordans	16	10	26	—	20	3	—	75
Chesham	38	44	66	3	27	5	1	184
High Wycombe	35	50	106	1	44	5	1	242
Marlow	10	7	25	—	11	—	—	53
Princes Risborough	3	5	15	—	6	5	—	34
TOTAL	305	345	943	11	308	82	11	2,005
Cases included above carried over from 1958:	33	184	573	9	5	54	2	860
TOTAL 1958	223	285	846	19	283	60	2	1,718

Neighbourly Help Scheme.

The experiment introduced in 1954 of employing near neighbours to look after old people living alone, subsequently incorporated in the home help scheme as a permanent feature, has proved to be a worthwhile addition to the service.

The person employed as neighbourly help is not paid on an hourly basis but rather for the service given. She is expected to pay frequent visits during the day and assist with domestic chores such as lighting fires, preparing meals, doing the shopping, collecting the pension and giving help, both in getting up and going to bed.

The home help scheme, with its somewhat inflexible arrangements for employing helps at fixed times, does not meet the needs of this type of case but on the other hand, the employment of help on a full-time basis would be both wasteful and costly.

An important aspect of the scheme is that it has helped old people to cling to homes which retain their own special memories and has usually helped to obviate, or at least delay, admission to residential accommodation at considerable saving in cost either to the Regional Hospital Board or the County Council, depending on whether admission to hospital or hostel is indicated.

The cases helped in this way were spread over the whole County and the number again showed an increase—82 as against 60 the previous year.

Problem Families.

During the year eleven selected problem families were provided with help free of charge, under the development of the Scheme authorised by the County Council the previous year. In general the aim is to put in a carefully selected home help who will help with the day to day organisation of the household and give help in practical household affairs such as cooking and buying to make the most of the family budget.

SECTION 51—MENTAL HEALTH SERVICE.

The most important event in the Mental Health field this year has been the passing of the Mental Health Bill through Parliament. The Mental Health Act, 1959, which is being implemented gradually, repeals the Lunacy and Mental Treatment Acts, 1890-1930, the Mental Deficiency Acts (1913-1938) and makes minor amendments to the National Health Service Act, 1946. The aims of the Act are threefold; the treatment of mental illness on a par with physical illness, and in some cases even in the same general hospital; the admission of mental patients for treatment on an informal basis so far as possible; and the provision of care in the community by the Local Authority. To make these facilities available, the Local Health Authority will need to provide hostels and sheltered workshops and improve and expand training centres. The following scheme has been drawn up to meet these requirements:—

1. The development of training centres for all who are capable of benefiting from attendance at such centres;
2. The provision of hostels for children where they can be accepted on a weekly basis and for short term care, commencing with a small hostel for five-day boarders and short-term care;
3. The extension of the transport service as required by increasing numbers attending training centres;
4. The provision of hostels for the mentally disordered;
5. The acceptance of financial responsibility for patients suitable for placement with voluntary societies and the extension of boarding-out whenever possible;
6. The development of social centres either through voluntary associations or directly by the Council;
7. That approval be given, in principle, to the services of a consultant psychiatrist being made available to the County Health Department.

The first practical steps were taken at the end of this year when plans were approved to provide Aylesbury with two training centres (one to hold 50 children and the other 24 adults) and a hostel for 30 female mentally disordered persons. High Wycombe is to have two training centres (one for 50 children and the other for 24 adults). In Slough the National Society for Mentally Handicapped Children propose to build a hostel and sheltered workshop for some 30 young adults of both sexes who will be admitted there from all parts of the country. In addition, provision will be made in the workshop for an additional 20—30 local trainees to attend daily. The aim of the Society is to provide concentrated training for suitable mentally handicapped persons in the hope that they may ultimately become wage earners, but as this is in the nature of a research project the Society wishes to limit its interest to an experimental period of five to seven years. After this period the Society would withdraw from the experiment and the Local Authority would then take over.

Administration.

In order to carry out the additional duties imposed on the Local Authority as a result of new legislation, an expansion of the Mental Health Section has been necessary, and during the year a new post of Senior Assistant County Medical Officer was created and the lay staff increased by one Administrative Officer. Approval has also been given to the appointment of a further three mental welfare officers and a psychiatric social worker. One of the three mental health officers still engaged on registration duties was replaced during the year by an officer employed full-time on mental health and welfare duties.

Staff Training.

There is still no national training scheme for mental welfare officers but most local health authorities try to devise their own training programme.

All mental welfare officers continue to meet at monthly intervals for case conferences at St. John's Hospital, Stone. These meetings provide a useful opportunity for case referrals direct from psychiatrist to mental welfare officer and also form useful teaching sessions as they are usually introduced by a lecture and case demonstration. By arrangement with the Physician Superintendent, newly appointed mental welfare officers now spend some time in the mental hospital with the Psychiatric Social Worker in order to gain better knowledge of case history taking and the after-care needs of psychiatric patients.

Training centre staffs have again attended a one-day course organised by the Mental Health Section; the theme this year was "The Training of Older Mentally Handicapped Persons". Miss Deane, Organiser of the Mental Deficiency Services of the National Association for Mental Health, gave a talk on this subject which was followed by discussion.

The staff of the Mental Health Section took part in two external courses:—

The Senior Medical Officer attended a one-week seminar "Planning the Mental Health of the Family", arranged by the Mental Health Group of the Society of Medical Officers of Health — a joint venture by Medical Officers and Consultant Psychiatrists.

Two Training Centre Supervisors attended a refresher course organised for training centre staff by the National Association for Mental Health.

Preventive Psychiatry.

The scheme for preventive psychiatry introduced at Bletchley, Chesham and Wolverton Clinics in 1957 has now been extended to include Slough and the two Psychiatrists concerned with this work have submitted the following observations:—

Dr. Edith Booth:

During the year discussion groups have been held in Chesham, Wolverton and Aylesbury. In the Chesham group we are now inviting individual Health Visitors to bring up and discuss cases which they find particularly difficult and in which, of course, the mother is willing to come and discuss her difficulties with the Health Visitor and/or the Psychiatrist and the Psychiatric Social Worker. By having the Psychiatric Social Worker present we can be dealing with two cases at one time. So far, this approach appears to be a useful one to carefully selected cases, some of which can be used in later group discussion.

With only two sessions a week in Preventive Psychiatry, we have to use the time in as economical a manner as possible. I am well aware that we could extend the service in many directions but, in view of the limited time available, this would mean sacrificing quality to quantity. It is felt that thorough training of a few key personnel or of a particular group is preferable to giving a smattering of psychological knowledge to a large number of people. As in other walks of life, a little learning without time to digest, discuss and apply it, can be a dangerous thing. Nevertheless, if ever more time became available, I should like to extend the preventive sessions to other workers in the field of Child Health and Care. I have indeed been approached by teachers, Probation Officers and Child Care Officers, asking whether they too could not participate in group discussions with the Psychiatrist or Psychiatric Social Worker. Unfortunately, the latter two members of the Child Guidance Clinic Staff have other commitments which at present make this impossible.

One way of extending the service would be to open the discussion groups to various kinds of personnel but, as I have pointed out before, groups seem to function more satisfactorily if confined to one group of workers. No attempt therefore has been made to include other workers in the field of Child Care in the regular discussion groups with the Health Visitors. An important exception has been made in the case of the School Medical Officers who work closely with the Health Visitors and are, broadly, pursuing similar aims.

I would, however, like to make it clear that any worker who is interested in a case referred to the Child Guidance Clinic is welcome to attend the case conference on that particular case or to come to the Child Guidance Clinic and discuss their case with the Psychiatric Social Worker, the Psychologist or the Psychiatrist. Response to this invitation has been most gratifying and I am particularly pleased to note how sympathetic non-medical personnel have been to my insistence on professional secrecy. Like many other doctors, I am somewhat concerned lest the present day "team" approach to cases should lead to a violation of that professional confidence which is so important in any doctor/patient relationship. I am grateful to my colleagues in the field for considering the interests of patients before their own desire for knowledge.

Although attendance at the discussion groups is purely voluntary, there has not during the past year been any case of a Health Visitor showing reluctance to attend: one can say that many of the Health Visitors have recently gained a good deal of insight into their own motives and what, indeed, makes them "tick over" as they do their daily work. It was gratifying to be told by a group of experienced Health Visitors that the sessions in Preventive Psychiatry, which in that particular group had extended over about two years, had literally opened new doors to them and shown them another world. Of course, within some groups, there have been interpersonal tensions and difficulties but these have been dealt with as they arose and I think it is now generally understood that the resolution of this kind of difficulty is part of the learning process. It is now quite usual and well accepted for one member of a group to be able to point out to another that she is too emotionally involved in or identifying too closely with a particular problem.

In the early days, it came as quite a shock to some workers to learn that Psychiatry is not the way to a new Utopia but only a small cog in a complicated "machine" which may in time provide some of the answers to some of the many problems in the wide field of human health. We must always be on our guard against giving people a false sense of security or raising in them hopes which cannot be fulfilled. If we do no more than help people to disregard the extravagant claims made in some quarters about Psychiatry, e.g., that a Psychiatrist can put right any sort of difficulty and solve any personal problem, then we are doing useful work.

In conclusion, I would like to say how grateful I am to all my colleagues in the Health Department who make this type of work so pleasant and stimulating for me. I hope that in my contact with them, I teach them at least as much as I learn from them. To participate in the problems and frustrations encountered by other workers in the field, makes one more able to tolerate one's own. I think we all realise that, in trying to ensure mental health as the birth right of every human being, the sky is the limit and we know that we fall very far short of this. Nevertheless, although the ultimate aim is high and not likely to be achieved in our lifetime, we are in this County, in a small way, pioneers in a not unworthy project.

Dr. Mildred Pott:

The establishment of a pilot scheme for preventive work in the Mental Health field is a progressive and far-seeing development. Buckinghamshire is, I believe, the first county to allocate a psychiatric session for this work, and for me it is a most interesting and exciting opportunity. The aim of the work is to increase the awareness, understanding and skill of professional men and women already working in the community. The emphasis is not on education and teaching, but on a consultation service; the goal is to enable trained workers in varying professions to become more efficient, sensitive and useful in their own work—not to make them pseudo psychotherapists but to enable them to be more effective health visitors, social workers and so on.

Small groups of professional people have been invited to courses of four or five group discussions, followed by a period of three or four months during which the members of the group ask for help with any particular problem concerning their own work. This period is then followed by two further group discussions. In this way group discussion and individual consultation are balanced with, I believe, maximum benefit. Workers in the Slough district who have so far been included in this scheme for preventive work are health visitors, child care officers, other social workers, ministers of religion and pupil midwives.

Co-operation with Regional Hospital Boards and Hospital Management Committees.

Relationships with staffs of the Regional Hospital Boards and Hospital Management Committees have continued to be good and conferences have been held to discuss matters of mutual interest. Various special conferences called by mental hospitals were attended by the Chairman of the Mental Health Sub-Committee, medical staff of the Authority and by mental welfare officers. These conferences have dealt with the new legislation, arrangements for informal admission, the provision of sheltered workshops, care of old people with mental disorder and ways in which their admission to mental hospitals can be avoided or deferred.

Home circumstances reports for 70 patients were furnished to hospitals and these have provided guidance in decisions affecting the care of patients, some of whom have been in hospitals for a number of years.

The mental welfare officers have supervised 39 patients on licence from mental deficiency institutions.

Work undertaken by Voluntary Association.

The four training centres formerly administered by the Buckinghamshire Voluntary Association for Mental Welfare, on behalf of the Council, were taken over on the 1st April, 1959. The Association continues to provide home tuition for eleven cases.

The Guardianship Society at Brighton give supervision and care to four cases on behalf of the Council.

The Wycombe and District Spastics Society opened a small centre for educable and ineducable children in October, 1959. It is staffed by members of the Society and a qualified teacher. A grant of £150 was made for 1959/60 towards the cost of an occupational therapist to give instruction at the centre.

Account of Work undertaken in the Community.

(a) **Prevention of Illness, Care and After-Care.**

This service continues to expand and during the year 195 persons were being visited by the Mental Welfare Officers; 116 of these were new referrals and a total of 627 visits were paid to these patients.

The object of this work is to assist patients to remain in, or return to, the community as soon as they are fit to do so and to support relatives caring for them.

(b) **Lunacy and Mental Treatment Acts (1890—1930).**

The Lunacy and Mental Treatment Acts have not yet been superseded and in spite of the growing number of patients admitted to hospital informally, there remains a hard core of cases for whom compulsory powers of detention are needed to ensure that they receive the treatment and care which their condition requires.

During the year the mental welfare officers, who are all authorised for statutory duties, dealt with the admission to mental hospitals of the following patients:—

	1959	1958
Under summary reception and other orders	152	174
As temporary patients	6	3
As voluntary patients	174	233
Totals ...	332	410

Of the 158 patients detained compulsorily in hospital, 37 were over 65 years of age. Thus, almost 20% of the total were elderly patients and it is hoped that under the new Act this number will be greatly reduced.

The drop in the number of voluntary patients is explained by the operation of an Order under the new Mental Health Act which, since 6th October, 1959, enables voluntary patients to enter hospital on an entirely informal basis.

In addition, advice and assistance were given to 83 (59 in 1958) persons who, although not requiring admission to hospital, were brought to the notice of mental welfare officers by their family-doctors, relatives or other agencies.

(c) **Under Mental Deficiency Acts (1913—1938).**

The following new cases have been reported during the year:—

	Under 16		Over 16		Total	
	M	F	M	F	1959	1958
Ascertained as "subject to be dealt with" after referral as ineducable ...	14	9	—	—		
On leaving special schools	6	2	6	13		
On leaving ordinary schools	1	6	4	1		
By Police Courts	—	—	1	—		
Other sources	—	—	1	—		
Reported but on investigation regarded as not being "subject to be dealt with"	19	13	17	31		
Total ...	40	30	29	45	144	101

The following action was taken in respect of cases referred:—

	Under 16		Over 16		Total	
	M	F	M	F	1959	1958
Placed under statutory and voluntary supervision	26	18	24	40		
Placed in hospital care	1	2	2	—		
Not regarded as defective or removed/ died before being dealt with ...	—	3	1	—		
Total ...	27	23	27	40	117	101

The total number of cases on the Authority's register at the end of the year was:—

	Under 16		Over 16		Total	
	M	F	M	F	1959	1958
Under supervision	103	73	279	255	710	653
Under guardianship	—	—	2	7	9	11

Short-term care in hospital or other establishments has continued to play its part in enabling patients to remain in the community, as by this means minor crises, such as a mother's confinement or illness can be surmounted and the strain on members of the family relieved. During the year 38 patients were admitted for periods not exceeding two months (27 in 1958).

The waiting list for long-term hospital care as at 31st December, 1959, was:—

	Under 16 M	Under 16 F	Over 16 M	Over 16 F	Total 1959	Total 1958
In urgent need of hospital care:						
cot and chair cases	2	1	—	—		
low and medium grade ambulant cases	4	1	4	1		
high grade cases	—	—	1	—		
Not at present in urgent need of hospital care:						
cot and chair cases	2	1	4	—		
low and medium grade ambulant cases	4	3	4	3		
high grade cases	1	—	—	—		
Total ...	13	6	13	4	36	39

During the year 21 mentally sub-normal patients were admitted to mental deficiency hospitals and five of these returned to their homes at their relatives' request after comparatively short periods. Only one of these 21 persons was admitted to hospital under Order and this action was taken after an unsuccessful trial as an informal patient. In 1958, 43 patients were admitted and eleven of these were under Order.

One patient, previously under supervision, was placed this year under guardianship.

Arrangements for Occupation and Training.

Six training centres are now open full-time. The increase in the number of trainees from 111 to 145 has made the appointment of two additional assistants necessary.

The numbers actually receiving training were:—

	Under 16 M	Under 16 F	Over 16 M	Over 16 F
In full-time centres:				
Slough	23	12	6	10
Wycombe	9	8	3	4
Aylesbury	13	7	3	3
Buckingham	4	2	4	2
Wolverton	5	6	2	4
Chesham	5	6	3	1
Out-county centre	1	—	—	2
In day hospitals	3	1	1	—
In occupational therapy workshops ...	—	—	1	1
From home teachers and occupational therapists	3	3	7	11
Total ...	66	45	30	38

Three school-leavers entered centres during the year after completing their schooling in special classes and schools for the educationally sub-normal.

Two boys, aged 16 and 17 respectively, and one girl, aged 16, have found work in the community after receiving training.

At the request of their parents, four children are at present attending training centres for observation and assessment, and day hospital accommodation at Manor House and Borocourt has now been made available for five children.

The training of the older mentally handicapped boys and girls has again presented the main problem. In spite of much effort, it has not been possible to get sufficient outwork for the centres and it is becoming increasingly clear that work will have to be created independently of industry.

All trainees attending the centres undergo routine physical examination once a year and most parents take this opportunity to discuss their personal problems with the medical officer. Special physical or psychometric examinations are carried out in individual cases where indicated. All supervisors keep progress books for the individual trainees and a constant check is kept on the possibility of transfer into special schools or employment in the community.

Mid-day meals have been continued and are supplied from school canteens at the usual charge of 1s. to the parents. In eleven cases where payment would have caused hardship, meals were supplied free of charge.

Transport.

The six centres have provided training and occupation for 145 mentally handicapped persons of all ages. Of these, 23 live near enough to walk or use public transport to reach the centre and the remaining 122 are transported by ambulance sitting cars or private contractors' coaches and taxis. They covered a total mileage of about 120,000 miles during the year at an approximate cost of £7,230.

General Activities in the Centres.

Open days and Christmas parties were held in all six centres and a grant of 10s. per head was made by the County Health Committee for Christmas festivities.

In High Wycombe about one hundred people attended a Christmas play with the theme "Children of many Lands" presented by the trainees. A collection was taken in aid of the World Refugee Fund. As a result of this performance the training centre children were invited to take part in a Christmas service at the local church during which they sang in the choir with normal children.

The Supervisor of the High Wycombe Centre organised a fortnight's holiday in May for the 21 trainees at the Children's Holiday Camp at Dymchurch in Kent. The cost was covered by the parents with the aid of a grant from the Parent/Teacher Association. The group was accompanied by the staff and two voluntary helpers.

Day outings to London and the countryside were arranged at all six centres.

The Supervisor of the Slough Training Centre takes a special interest in the adjustment of the adult mentally handicapped to activities usual in youth clubs, such as walking tours and youth hostelling. In an effort to prepare a group for such activities she took six of her older girls for a days' walk to Burnham Beeches. They set out at 11 a.m., walked about seven miles and returned to the Centre by 3 p.m. They carried their sandwiches in haversacks, marched and sang and enjoyed a beautiful autumn day. They had tea and lemonades in a cafe where their exemplary behaviour induced the proprietor to provide ice cream "on the house".

A month later a similar outing of seven girls and three boys, accompanied by two members of the staff, was equally successful and has given rise to a more ambitious programme of youth hostelling for the coming year.

Periodic meetings of parents and staff have continued, especially in the larger centres. A friendly spirit of understanding and helpfulness prevails.

Social Clubs.

The club for mentally handicapped girls, which is held in Aylesbury, continued to meet regularly throughout this year. This club is led by the female Mental Welfare Officer on the central staff with the assistance of voluntary workers. The number attending has been kept at twelve, as the Club Leader felt that the value of the club was greater if run on a small family group basis. A day's outing to Whipsnade Zoo was much enjoyed. Seven of the members are in regular work and many have became much more settled since attending the club.

The Friendly Club organised by the Slough Society for Mentally Handicapped Children has a membership of 21 and although meetings have been held regularly difficulties have been experienced in finding suitable premises and club leaders.

A small club which was started in High Wycombe last year has been discontinued owing to insufficient support, partly due to transport difficulties and partly to lack of leadership.

Mental Health Education.

A filmstrip and long-playing record "One in a Hundred", produced by the Senior Medical Officers of the Mental Health and Child Welfare Sections, has been acquired by the Central Council for Health Education and made available for national distribution. This filmstrip illustrates the way in which mentally retarded children can remain at home and live as normal a life as possible in the community.

In addition, a set of sixteen coloured slides with long-playing record were produced for use in the department to illustrate one of the problems a mentally retarded sibling may cause in his family. This is called "Sally's Dilemma" and is intended to stimulate discussion rather than impart information.

During the year, sixteen talks were given at meetings of Mothers' Clubs, Women's Institutes and other interested groups by members of the Mental Health Section, often making use of filmstrips or slides.

SECTION C.—NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES FOR THE AGED

Welfare Accommodation.

The new hostel at High Wycombe, to which I referred in my last report, is nearing completion, and expected to be available in April, 1960.

Considerable structural alterations are being made by the Regional Hospital Board in the part of Tindal General Hospital, Aylesbury, which is used for the accommodation of persons under Part III of the Act. Accommodation will then be available for an increased number of males, the females having already been transferred to the new hostel at Wing Lodge, referred to in my report for the previous year.

Voluntary bodies continue to take a great interest in hostel residents. This is much appreciated by the old people, many of whom have very few visitors or are too frail to get away from the hostels. Members of many organisations including the Women's Voluntary Services, Red Cross, Toc H, Women's Institutes, Leagues of Hospital Friends, help at the Hostels, in the way of entertainment, gifts, donations, trolley shop and the like.

Chiropody.

Although the provision of a chiropody service comes under the National Health Service Act, 1946, the matter has been dealt with in the first instance by the Welfare Services Sub-Committee.

For a considerable number of years the Bucks Old People's Welfare Committee have made grants to local old people's welfare committees and clubs in the County towards the cost of providing chiropody treatment. The Committee made an application to the County Council for a grant towards the cost. Shortly after this request was made the Ministry of Health issued a circular relating to the establishment or extension of a chiropody service. The Council agreed to make grants during 1959 to local committees and old people's clubs equivalent to the grants previously given by the Committee.

As from April, 1960, the County Council has agreed that chiropody treatment should be made available to all women aged 60 or over and all men aged 65 or over, through local old people's welfare clubs but will not be restricted to club members. Each elderly person will be required to pay 2s. per treatment (except where they are in receipt of National Assistance when the charge will be waived), and the balance of the cost will be met by the Council.

Meals on Wheels.

The Women's Voluntary Service continue their good work in carrying out this scheme on behalf of the Council. The number of meals supplied increases each year; during 1959 the number was 23,283 compared with 19,125 in 1958. The cost during 1959 was £873 12s. 3d.

Up to the present time it has only been possible to put the scheme into effect in about half of the County from Aylesbury southwards.

The County Organiser of the Women's Voluntary Service has for some time been making inquiries about the possibility of extending the scheme to the northern part of the County but there has been some difficulty in finding suitable restaurants to supply the meals. Another problem is the provision of transport for taking meals from restaurants to recipients.

Statistics.

The following table shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948, on 31st December, 1959. Corresponding numbers for the previous year are shown in brackets.

	Males.	Females.	Total.
(i) Hostels provided by Council	66 (61)	182 (161)	248 (222)
(ii) 'Serviced' Accommodation	102 (112)	39 (60)	141 (172)
(iii) Hostels provided in conjunction with Bucks Old People's Welfare Committee	9 (11)	50 (49)	59 (60)
(iv) Katharine Knapp Home for the Blind ...	6 (7)	14 (14)	20 (21)
(v) Hostels provided by voluntary bodies and other local authorities	62 (55)	97 (107)	159 (162)
(vi) Temporary accommodation for evicted families	17 (2)	12 (9)	29 (11)
Total	262 (248)	394 (400)	656 (648)

The number of persons awaiting admission to accommodation on the 31st December, 1959, was:—

Males	65	(52)
Females	146	(91)
Total	211	(143)

Admissions to welfare accommodation during the year were as follows:—

Permanent admissions to Council's Hostels, etc.	130	(147)
Holiday admissions	40	(57)
Periodic admissions	27	(15)
Temporary admissions	7	(3)
Homes provided by voluntary bodies, etc.	44	(54)
Total	248	(276)

Co-operation between Welfare Authority and Regional Hospital Board.

In previous reports I have referred to the arrangements made for the joint employment of a Consultant Geriatrician by the County Council and the Oxford Regional Hospital Board. Dr. Philip Arnold, who came in 1953 when the appointment was first made, left towards the end of the year. His successor, Dr. Leopold Wollner, did not arrive until the beginning of 1960, and has kindly submitted the following report:—

"The policy in this area of close co-operation and integration of the hospital and welfare services has continued to be fully justified.

By a combined medical and social approach, it has been possible to place patients in hospital or hostel accommodation according to their needs, and with medical treatment and social support many old people were resettled and maintained in the community.

Hospital Services.

There has been no change during the year in the bed allocation for geriatric and chronic sick patients in the area.

The shortage of beds in the Amersham/High Wycombe area continues, and the present bed allocation of 0.9 per thousand of the population is considerably below the national and regional averages. Furthermore, several of the wards are unsuitable for active medical treatment and rehabilitation and there is, therefore, urgent need for further development of the hospital services in the area.

Sixty-seven welfare residents were admitted to hospital during the year, and 48 patients in hospital who were on the waiting list were transferred to welfare accommodation.

Welfare residents requiring urgent hospital treatment are always transferred immediately or within a few days.

Welfare Services.

The waiting list for welfare accommodation had risen to 211 at the end of 1959 as compared with the figure of 143 at the end of 1958. Applicants are, however, visited regularly by welfare officers and the waiting list is reviewed at intervals. An urgent case is always found accommodation within a short time and "emergency beds" are kept available for this purpose.

The scheme of holiday and intermittent admissions has continued and this has proved very successful. Relatives are often willing to care for their old folk provided some regular relief can be given.

It has become noticeable that the average age of hostel residents is rising and that more are becoming infirm and frail. This is partly an expression of the efficiency of the medical and welfare services in maintaining old people in the community. It is the old person who lives alone and who is frail or lonely, whose need for admission to welfare accommodation is greatest. As a result more attendants, including some night attendants, had to be provided. There is also an increasing demand for ground floor accommodation."

Bucks Old People's Welfare Committee.

Mr. R. L. G. White, Honorary Secretary of the Bucks Old People's Welfare Committee, has submitted the following report on the work of the Committee during 1959:—

"Seven new Old People's Clubs opened during the year making a total of 90 clubs in the County with an approximate membership of 8,000. A recent survey shows very few districts not covered by clubs.

More interest is being taken in the voluntary field of old people's welfare, and this is borne out by the numbers attending various meetings. Applications to attend the Leaders Course at Missenden Abbey in January far exceeded the accommodation available, and it is hoped to arrange a second course in the near future.

Volunteers have also been forthcoming for National week and week-end courses in connection with visiting, club management, etc.

During the year the Committee again expended practically the whole of its income in chiropody grants, totalling £381 10s. 0d. As the County Council will be providing a chiropody service as from 1st April, 1960, the Committee will be able to devote its income to assisting clubs and local committees in other branches of old people's welfare.

The second permanent Old People's Club in the County was opened at Newport Pagnell in October last. The Club opens daily and is proving a great success. Enquiries have also been received from two other districts as to the erection of permanent clubs."

WELFARE OF THE HANDICAPPED

With the publication of the Younghusband report, 1959 has been in the nature of a milestone from the point of view of social work generally. Local Authorities have been urged to make changes and experiment widely with methods of carrying out their welfare functions. There has been a great deal of controversy concerning the use of the general purpose social worker, mentioned in the report. Many have taken this to mean "all purpose", which it appears was not the intention at all. The report recommends that general purpose workers should be used to cover a combination of services, e.g. welfare of the handicapped and aged. Specialisation should only be considered if it is not possible to combine some of the services. The feeling of the Younghusband Committee seems to have been that in the past there had been too much emphasis on the handicap, as opposed to the problems resulting from the handicap. Less specialisation would lead to a greater understanding of problems in general. The report's whole aspect was to recommend a service which would be the best for the client and not merely to improve the status of the social worker, although this would naturally follow, should the recommendations for training be accepted. Social workers themselves have on the whole welcomed the report, as they have long been aware of the gaps there have been in training and the fact that there has not been a recognised career in social work has deterred many from entering the field.

With regard to the welfare of the handicapped in this County, the main changes have been in the appointment of two additional workers, who are in fact not almoners. The reason for this scheme was twofold, firstly to take some of the weight of work from the almoners and secondly, to give a more adequate service throughout the County. These social workers are at present working alongside the almoners, taking the more simple straightforward cases, under the supervision of the almoners and yet carrying through any plans for the patients themselves.

Although at the moment, it is meaning a great deal of extra time and effort on the part of those who are teaching and guiding the social workers, it does seem that they will eventually fit in to the pattern of welfare for the handicapped and thus make it possible for the service to be more comprehensive.

The day-to-day work concerning the welfare of the handicapped has gone along steadily. Again the area which has shown most movement is Slough, which since it is a new and growing area seems understandable. There have been 300 new cases referred, against 250 in 1958. This is not such a sharp rise as in the previous year (when the referrals more than doubled), which points to the fact that the almoner's service in Slough is becoming established. The number of cases on the handicapped register is slowly rising and has now reached 730.

Convalescence has been arranged for 106 patients during the year. These have usually been as part of rehabilitation for the patients concerned. Of these, twelve patients did not accept convalescence for personal reasons.

The Care Committees have all met at three-monthly intervals, helping families from both Voluntary and Statutory funds. The Voluntary funds are used for patients and their families who need help, which is not available from any other source As these funds are limited the almoners usually attempt to get help from other voluntary societies, before bringing a case to the Care Committee. A number of cancer cases have been helped from a generous grant made to the County by the Marie Curie Fund.

The County Almoners have continued to attend at the Chest Clinics throughout the County and the work at the Clinics is becoming more varied by the attendance of patients with chest diseases other than tuberculosis. The problems of such patients are often very great and the Almoners are therefore available to help in such cases, in the initial stages.

The variety of problem and disability which is referred to the almoners is still as great as ever. The young homebound patient always seems to present difficult problems, with which the almoners are frequently involved. This is the type of case where the almoner is often in contact over a number of years. It may be that the problems may appear to have been solved, but should there be any breakdown in the situation, the patient or his family will contact the almoner if they have had a longstanding relationship. More and more families are coming direct to the almoners with their problems. This seems to be the result of the service and type of help available becoming more widely known. There seems also to be a better understanding between the almoners and other social workers in the County, and many cases are referred from other departments and agencies.

Occupational Therapy.

A total of 516 patients received treatment throughout the year. New cases referred for treatment by general practitioners and hospital consultants numbered 111, and 10,646 home visits were made by the Occupational Therapists. Of the 66 patients discharged, 15 were fit to return to open employment, 31 were considered not to be benefiting from treatment and 20 died.

It is a pleasure to report the opening of a second workroom for group occupational therapy. During May last year the premises in Westfield Road, Bletchley, became ready for the reception of patients, after being adapted for the purpose. The administration of the workroom is under the guidance and control of the North Bucks Care Committee. The part played by the Bletchley Rotary and Round Table is worthy of note; not only did they give generous financial help towards the project, but members worked on the interior to make it attractive and warm for the patients and their help in transporting patients and general interest is very welcome indeed. The workroom is situated centrally in the town and is next to the Red Cross Physiotherapy Department, so that if necessary patients can have both forms of treatment without difficulty. The number of disabled people who were registered was 18, of which eleven are still attending regularly, four having been able to return to work after a period of treatment, and three being unfit to attend during the winter months. The workroom is open for two days each week at present. Patients who stay all day bring their lunch with them and there are facilities for making tea and coffee on the premises. Outwork has been provided mainly by local firms, who have been most co-operative in transporting the work to the workroom for the patients. In addition one firm gave a generous Christmas present to each patient.

The Aylesbury workshop, now in its fifth year, was open daily and 50 patients received treatment, some attending for whole and some for half days, according to medical advice. The number of patients attending increases each year, but in spite of this, it has been possible to obtain almost enough factory outwork to meet this increased demand, a fact which reflects the good relationship which has been built up between the staff of the department and local industries.

The Christmas dinner, provided by money raised by the Occupational Therapists was again greatly enjoyed by the patients. This year it was followed by entertainments, including a conjuror and films.

A total of 10,646 visits were made to the homes of disabled people. This is a slight decrease on the 1958 figure because the opening of the Bletchley workroom necessitated withdrawing the Occupational Therapist from domiciliary work in the surrounding area, for two days each week.

The sale of craft work produced by patients increased. This was to some extent due to the good weather which meant large attendances at the Aylesbury and High Wycombe shows, the Slough Carnival and W.V.S. meeting at Waddesdon Manor, at each of which the Occupational Therapists ran a stall. Sales at Aylesbury market stall and the Helping Hand Shop in High Wycombe continued to be satisfactory and the sale before Christmas held in the County Offices was well supported by the staff. The successful sale of craft work is of the first rate importance, not only because some patients could not afford to pay for materials without some return, but also the knowledge that the articles they are making are of high enough quality to meet public demand, is a source of great satisfaction to them.

The Occupational Therapists paid 362 visits to Old People's Homes in the County and attended the Slough Disabled Men's Club on 17 afternoons.

WELFARE OF THE BLIND

Registration. The number of registered blind persons on 31st December, 1959, was 728 compared with 717 on 31st December, 1958. During the year under review 66 new cases were registered and there were 29 inward transfers. Removals from the register for various reasons such as death, left the county, etc., totalled 84.

Blind Population. The ages of the blind population in the county at the end of the year are shown in the following table which is in accordance with the age distribution required by the Ministry of Health.

0	1	2	3	4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70—79	80—84	85—89	90 and Over	Age N.K
-	-	1	2	4	13	16	5	15	29	58	74	48	56	217	95	62	33	-

Register of Partially Sighted Cases. The County Council's Scheme approved by the Minister of Health provides that a register shall be kept of the Partially Sighted. The number of partially sighted cases on the register at 31st December, 1959, was 209, the age classification in the form required by the Ministry being as follows:—

0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total
—	2	30	11	33	29	104	209

The number on the register at 31st December, 1958, was 204.

Observation Register. During the year under review 6 cases were certified as blind and at the end of the year there were 119 under observation.

Incidence of Blindness and Partial Sight. The following table gives particulars of the 66 blind and 32 partially sighted (P/S) cases certified during the year.

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	P/S	Blind	P/S	Blind	P/S
(1) Number of cases registered during the year	18	9	10	2	38	21
(2) Number of cases where treatment was recommended	13	7	8	2	12	12
(3) Number of cases at (2) above which on follow up received treatment	11	2	4	2	11	10

Ophthalmia Neonatorum. The only notification of ophthalmia neonatorum received during the year occurred at Colinswood Maternity Home, Farnham Common, and related to a baby whose mother is normally resident in Berkshire.

Employment.

(i) **Homeworkers.** The Royal London Society for the Blind operates the Homeworkers' Scheme in the County and on the 31st December, 1959, there were 15 blind persons in Class A and one in Class B. The scheme has functioned very well during the year.

Class A.		Class B.	
Basket Makers	6	Machine Knitter	1
Machine Knitters	5		
Music Teacher	1		
Piano Tuners	3		

There was also one braille copyist included by arrangement in the Scheme operated by the National Library for the Blind.

(ii) **Workshop Employees.** At the end of the year under review there were two female machine knitters and one male basket maker from the County in the London Workshops operated by the Royal London Society for the Blind.

(iii) **Other Employment.** At the end of the year 82 blind persons were usefully employed and the following table gives details of their employment:—

Agricultural Workers	2	Mat Makers	3
Basket Workers	1	Music Teachers	3
Upholsterers	2	Office Executive	1
Chair Seater	1	Piano Tuner	1
Clerks and Typists	8	Porter	1
Dealers and Shopkeepers	2	Poultry Keepers	4
Domestic Workers	1	School Teacher	1
Factory Operatives	30	Telephone Operators	4
Labourers	9	Open Employment other than already catalogued	2
Legal Profession	1	Miscellaneous	1
Massage and Physiotherapy	4		

Placement Service. By arrangement with the County Council the use of the Placement Service of the Royal National Institute for the Blind for the placement of suitable blind persons in open industry was continued. In addition, arrangements are made through this service in conjunction with the Ministry of Labour and National Service, for rehabilitation or training where considered necessary.

The Royal National Institute for the Blind attach great importance to their Officers maintaining contact with cases placed in employment and this is much appeciated by the blind persons.

Home Teaching Service. The following is a summary of the work carried out through the home teaching service during the year:—

Total number of visits paid			8,923
Braille	254	Stringbag	11
Moon	139	Handwriting	4
Rug-Making	19	Seagrass	15
Cane and Basket Making	17	Typewriting	23
Netting	20	Knitting	4

Social Centres. No changes have been made during the year in the number of Centres established in the County. Great interest in the various activities has again been shown by the blind persons, helpers and friends attending the Centres.

General Social Welfare. The respective Divisional Committees in conjunction with the County Executive Committee of the Buckinghamshire Association for the Blind have continued to maintain their interest in connection with the general social welfare of the blind persons in the County. The annual outings and other social gatherings have been arranged and there continued to be a good demand for handicraft materials which are supplied at cost price. Numerous types of blind aids have also been provided free or at reduced prices by the Association.

The Katharine Knapp Home for the Blind. During the year under review the permanent accommodation was well utilised and at 31st December there were 22 residents.

Seventeen blind persons from various parts of the County spent holiday periods at the Home during the year, and the beds were occupied for 34 weeks.

Various local organisations have continued to take an active interest in the Home and have provided entertainments for the residents and Staff which have been greatly appreciated by all concerned.

For the annual outing a river trip from Windsor to Boulters Lock was arranged, followed by tea at Burnham Beeches. It was a fine day and altogether an excellent outing. In September the members of the Lancaster Rose Lodge of the R.A.O.B. provided a coach and conducted most of the residents on a tour around Windsor and district, they returned to the Lodge Headquarters where they had supper.

DEAF PERSONS

The Oxford Diocesan Council for the Deaf are the County Council's agents for work amongst the deaf. The Diocesan Council employ a Chaplain Superintendent, three Missioners and a Lady Worker. One of the Missioners has an office at Slough and he spends the greater part of his time on work in connection with deaf persons living in Bucks.

There are Social Clubs for the Deaf at Slough, Aylesbury and High Wycombe. At Slough the club members and their friends have recently built a new Centre in Windmill Road. Church services are held at Slough, High Wycombe, Aylesbury and Linslade.

The number of cases on the register at the end of the year was as follows:—

	Males.	Females.	Total.
Children under 16 years	22	17	39
Persons between 16 and 64 years	85	66	151
Persons 65 years and over	8	14	22
Total	115	97	212

The number on the register at the end of 1958 was 210.

The High Wycombe and District Club for the hard of Hearing continues to thrive and the membership is increasing. The County Council has again made a contribution towards the expenses of the Club.

ACCOMMODATION FOR THE HOMELESS

Saunderton Hostel.

In my report for 1957 I mentioned that Saunderton Sanatorium was being adapted to provide temporary accommodation for homeless families.

The Children's Officer has given me the following information on this Hostel relating to the year 1959:—

"There are eight separate units of accommodation, all but one consisting of one bedroom and one living room with sink and solid fuel stove for cooking. Toilet facilities are shared but are adequate. A married couple have been appointed as warden and matron and reside in the adjacent bungalow.

The Children's Committee have fixed the charges for accommodation, which includes fuel, hot water and lighting, as follows:—

Mother	30/- per week
Father (if resident)	20/- per week
Each child	2/6 per week

When a father is paying for accommodation for himself elsewhere, he is permitted to stay with his wife and family at weekends without charge. When a family is in receipt of National Assistance no charge is made for the father and children.

During the year eleven families were admitted, with a total of 32 children, and thirteen families were discharged."

SECTION D.—SANITARY CIRCUMSTANCES OF THE AREA.

1. **Water Supply.**

The Engineer of the Bucks Water Board has kindly supplied the following information:—

"During the year the following quantities of water were pumped from the Board's various works:—

Wendover Dene	285,010,000	gallons
New Ground	526,262,000	„
Dancers End	66,536,000	„
Hawridge	191,260,000	„
Battlesden	299,658,000	„
Hampden Bottom	300,906,000	„
Wycombe	111,586,000	„
Foxcote	502,396,000	„
Total	2,283,614,000	gallons

The above total quantity can be divided into:—

Supplied within the Board's area	1,562,080,000	gallons
Supplied outside the Board's area	721,534,000	„
Total	2,283,614,000	gallons

This total represents an average daily quantity of 6,256,000 gallons, compared with 6,220,000 gallons for the previous year.

Of the 1,562,080,000 gallons supplied within the Board's area, an analysis can be made as follows:—

Metered Consumption (to Agriculture, Trade and Service Departments)	775,770,000	gallons
Unmetered Consumption	786,310,000	„
Total	1,562,080,000	gallons

During the year 8¾ miles of new water mains were laid to meet new housing requirements and agricultural needs. During the same period 419 new non-metered services and 96 new metered services were laid.

Samples of water from consumer's taps and from various sources were collected regularly during the year. The results of these samples indicated that the water supplied by the Board conforms to the high standard of that required from any public supply authority.

Under the provisions of the Bucks Water Board Act, 1959, the water undertakings of the following ten Authorities are due to be transferred to the Board on the 1st April, 1960.

Authorities in the County of Buckingham.

High Wycombe Borough

Bletchley Urban District
Newport Pagnell Urban District
Wolverton Urban District

Newport Pagnell Rural District
Wycombe Rural District

The Marlow Water Company

Authorities in the County of Northampton.

Brackley Borough

Brackley Rural District
Towcester Rural District

This expansion will result in the Bucks Water Board's area of supply being increased from 405 square miles to 789 square miles. Whereas the estimated population of the Board's present area is 99,000, that of the Board's future area is estimated to be 253,000."

2. **Water Supplies and Sewerage Acts, 1944—1955.**

The Ministry of Housing and Local Government and the County Council continue to make grants towards the cost of approved Schemes of piped water supply and main drainage in the rural areas of the County. Details of all these Schemes are first submitted to the County Council, whose observations are then forwarded to the Ministry.

On 31st December, 1959, the position was as follows:—

	£
25 Schemes of Water Supply (Completed)	283,383
59 Schemes of Main Drainage, i.e. 47 Schemes Completed and 12 Schemes Under Construction	4,236,947
Total	£4,520,330

Details of the above Schemes are contained in the Tables shown below.

Further progress under the Acts will include the completion of the Wooburn Valley Main Drainage Scheme estimated to cost £1,710,000; the construction of a further 23 approved Main Drainage Schemes in Rural Areas; and the implementation of the Bucks Water Board's Mid-Bucks Scheme, estimated to cost £1,266,000.

SCHEMES OF WATER SUPPLY

PROGRESS TO 31st DECEMBER, 1959.

Local Authority.	Scheme.	Total Estimated Cost.	Percentage of Scheme Completed.
		£	%
Amersham R.D.C.	Ashley Green	1,667	100
	Chartridge		
	Cholesbury		
	Coleshill (Amended)	100	100
	Chalfont St. Giles	570	100
	Great and Little Missenden	2,785	100
	Latimer	460	100
	Penn	370	100
Aylesbury R.D.C.	Haddenham	105	100
	Oakley	1,300	—
	Wellwick	650	100
Bucks Water Board	Mid Bucks	1,266,000	—
Buckingham R.D.C.	Buffler's Holt	650	100
	East Claydon	1,902	100
	Middle Claydon		
Eton R.D.C.	Burnham (Littleworth Common) ...	439	100
	Dorney (Boveney)	1,760	100
	Dorney (Lake End)	198	100
	Taplow	10,066	100
	Wraysbury (Main Scheme)	55,797	100
	(Nursery Lane)	360	100
	(Staines Road)	3,800	100
Newport Pagnell R.D.C. ...	Birchmoor (Newport R.D.C. share)	31,794	100
	East End, North Crawley	4,000	100
	Great Linford—Part 1	2,330	100
	—Part 2	4,370	100
	Northern Areas Water Supply ...	17,450	100
	Moulsoe Link Main	4,000	100
	Regional Water Supply Scheme ...		
	(a) Main Laying	130,760	100
	(b) Reservoir	7,000	100
	Total:—	£1,550,683	

MAIN DRAINAGE SCHEMES

Of the 82 main drainage schemes submitted by Rural District Councils, the following 59 schemes had, on the 31st December, 1959, reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1959

Local Authority.	Scheme.	Total Estimated Cost.	Percentage of Scheme Completed.
		£	%
Amersham R.D.C.	Holmer Green	85,250	25
	Little Chalfont (Stages 1, 2, 3) ...	63,859	100
	Link Sewer	33,021	100
	Prestwood	106,000	100
	Relief Sewer	12,500	100
Aylesbury R.D.C.	Chilton	17,539	50
	Dinton	20,000	95
	Oakley	41,200	60
	Quainton	41,070	100
	Shabbington	13,790	80
	Stone	15,400	100
	Stoke Mandeville	36,500	100
	Westcott	8,200	100
	Worminghall and Ickford	42,903	100
Buckingham R.D.C.	Adstock and Padbury	73,500	100
	Akeley	33,000	45
	Marsh Gibbon	30,500	100
	Tingewick	20,900	100
	Thornborough	35,500	100
Eton R.D.C.	Burnham (Dropmore Road)	6,553	100
	Denham—Stage 1	231,843	100
	Denham—Stage 2	35,308	100
	Denham—Stage 3	65,350	100
	Denham—Stage 4	42,500	85
	Farnham Royal	168,180	60
	Iver (North)	54,910	100
	Iver (Thorney Lane)	8,280	100
	Middle Green	26,270	30
	Stoke Poges and Wexham	507,748	100
Newport Pagnell R.D.C. ...	Birchmoor (Newport R.D.C. share)	29,724	100
	Bow Brickhill	20,030	100
	Bradwell	11,516	100
	Emberton	24,900	100
	Hanslope	64,623	75
	Lavendon	31,560	100
Wing R.D.C.	Aston Abbotts	28,600	35
	Cheddington	12,150	100
	Dagnall	16,800	100
	Great Brickhill	24,500	100
	Great Gap, Ivinghoe	2,320	100
	Horton	2,280	100
	Ivinghoe Aston	9,650	100
	Littleworth and Burcott	31,000	100
	Marsworth	17,250	100
	Pitstone	24,150	100
	Rowsham	8,050	100
	Slapton (Church Road)	5,550	100
	Soulbury	30,850	100
	Stoke Hammond	10,305	100
	Wingrave—Stage 1	23,450	100
	Wingrave—Stage 2	20,885	100
Winslow R.D.C.	Drayton Parslow	15,800	100
	Granborough	31,000	100
	Great and Little Horwood	29,500	100
	North Marston	20,000	100
	Stewkley	35,000	100
	Winslow	22,200	100
Wycombe R.D.C.	Hambleden	45,730	100
	Wooburn Valley	1,710,000	48
	Total:—	£4,236,947	

There remain, therefore, a total of 23 approved Main Drainage Schemes yet to be commenced. It is understood that several Rural District Councils have further Main Drainage Schemes in course of preparation which have yet to be submitted to the County Council.

3. **Housing.**

The Ministry inaugurated a Five Year Plan of Slum Clearance in 1955—when Housing Authorities were required to submit proposals for dealing with unfit houses within that period. The position in Bucks is summarised below:—

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS FOR FIVE YEARS FROM 1955

Housing Authority.	Total number of permanent houses in area at 31.12.55.	Estimated number of unfit houses.	ACTION PROPOSED IN FIRST 5 YEARS. Number of houses to be demolished.			Total number of houses demolished or closed from 1st January, 1955—30th September, 1959
			Individual houses.	Houses in clearance areas.	Total number of houses to be demolished.	
BOROUGHS.						
Aylesbury	6,028	35	—	35	35	36
Buckingham	1,364	52	30	—	30	16
High Wycombe ...	12,650	1,408	32	522	554	214
Slough	18,500	368	14	354	368	299
URBAN DISTRICTS.						
Beaconsfield	2,520	28	—	28	28	16
Bletchley	3,685	106	3	103	106	81
Chesham	4,000	137	85	52	137	16
Eton	1,146	23	7	16	23	2
Linslade	1,214	100	—	10	10	21
Marlow	2,007	107	6	101	107	93
Newport Pagnell ...	1,525	63	63	—	63	84
Wolverton	4,579	261	19	178	197	23
RURAL DISTRICTS.						
Amersham	13,000	265	265	—	265	133
Aylesbury	8,681	314	219	95	314	88
Buckingham	2,500	116	14	102	116	69
Eton	12,994	264	15	249	264	127
Newport Pagnell ...	4,958	188	100	—	100	65
Wing	2,792	126	116	10	126	66
Winslow	2,531	35	20	15	35	9
Wycombe	12,800	430	178	—	178	153
TOTAL ...	119,474	4,426	1,186	1,870	3,056	1,611

The Ministry's Progress Reports on New Hou sing are cumulative as from April, 1945. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1959.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1959

Local Authorities.	Permanent Housing. Local Authorities.		Permanent Housing. Private Builders.		Total Permanent Houses Completed.
	Under Construction.	Completed.	Under Construction.	Completed.	
BOROUGHS.					
Aylesbury	206	1,876	37	785	2,661
Buckingham	—	250	9	84	334
High Wycombe ...	142	2,715	350	2,038	4,753
Slough	144	3,528	323	1,753	5,281
URBAN DISTRICTS.					
Beaconsfield	26	455	117	642	1,097
Bletchley	101	2,139	107	409	2,548
Chesham	120	805	221	1,034	1,839
Eton	50	225	20	136	361
Linslade	15	258	1	217	475
Marlow	18	373	59	540	913
Newport Pagnell ...	14	173	24	161	334
Wolverton	60	344	1	67	411
RURAL DISTRICTS.					
Amersham	11	1,976	584	3,377	5,353
Aylesbury	56	1,485	134	1,034	2,519
Buckingham	8	359	11	132	491
Eton	110	1,946	478	2,617	4,563
Newport Pagnell ...	40	504	34	325	829
Wing	56	605	10	237	842
Winslow	14	349	31	206	555
Wycombe	6	2,215	238	2,731	4,946
TOTAL ...	1,197	22,580	2,789	18,525	41,105

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Inspector submits the following report for 1959:—

(1) Food and Drugs (Compositional Quality).

A total of 1,129 samples of food and drugs was procured during the year, and the Public Analyst reported adversely upon 18 of them.

The number of general samples submitted to the Public Analyst was 437, including:—

Asparagus Tips, Aspirin, Beans in Tomato Sauce, Beef Dumplings, Beef Suet, Beef with Onion, Beer, Bitter Lemon, Bread, Butter, Cake, Cambridge Steaks, Cereals, Cheese, Cheese Spread, Cheese Straws, Chicken and Ham Galantine, Chicken in Jelly, Chicken Spread, Chocolate Drink, Chopped Pork, Christmas Cake containing Brandy, Chutney, Coconut, Coffee, Cooked Meats, Cooking Oil, Crab Meat, Cream, Cream of Tartar, Creamed Sago, Custard Powder, Cut Peel, Dried Fruit, Egg Rusks, Faggotts, Fairy Cake Mix, Famel Syrup, Fish Dressing, Flavoured Milk, Flavourings, Flour Confectionery, Foam Crystals, Fruit Juice, Gelatine, Glace Cherries, Glauber Salts, Golden Glucose Syrup, Gravy Browning, Gravy Powder, Gravy Salt, Ground Almonds, Ground White Pepper, Honey, Horseradish Sauce, Ice Cream, Instant Potato, Jams, Lard, Lemonade, Lemonade Crystals, Lemon Cheese, Lemon Curd, Lemon Mayonnaise, Milk, Milk Powder, Milk Pudding, Milk Shake, Mint Sauce, Mustard, Mustard Piccalilli, Olive Oil, Pancake Mixture, Pastry, Pickles, Pickled Beetroot, Plum Pudding, Pork and Goose Liver Paste, Pork Pie, Pork Kidneys, Potato Chips, Preserves, Ravioli, Red Salmon, Rennet Essence, Rose Hip Syrup, Sage, Salmon Spread, Salmon with Butter, Sardines, Sauces, Sausages, Sausage Rolls, Self Raising Flour, Shrimps, Shredded Beef Suet, Smoked Sliced Saithe, Soft Drinks, Soups, Spices, Spirits, Steak Kidney and Mushroom Pudding, Stewed Steak with Gravy, Sugar, Sugar Confectionery, Tea, Thyme, Tinned Fried Grasshoppers, Tinned Fruit, Tinned Meats, Tinned Soups, Tinned Vegetables, Tomatoes, Tomato Ketchup, Vegetable Juices, Vinegar.

Fifteen formal samples of milk, comprising five suspected of adulteration and ten consequential "follow-up" samples, i.e. taken on "Appeal-to-cow" or in course of delivery, were also sent to the Public Analyst.

In addition 677 informal samples of milk were tested by the Inspectors in the Department's laboratory and found to be genuine or to vary but slightly from the standard laid down by the Sale of Milk Regulations.

A total of 328 informal samples of milk was taken at schools from milk supplied under the Milk in Schools Scheme. Samples of milk were also taken at hospitals, children's homes and old persons' homes on behalf of the various committees concerned and all were satisfactory.

The proportion of samples adversely reported upon by the Public Analyst during the last five years has been as follows:—

1955	10.07%
1956	5.78%
1957	5.09%
1958	8.45%
1959	3.97%

There were seven cases before the Courts during the year and fines and costs amounted to £214. Two were in respect of adulterated milk, two concerned milk containing glass, one double cream containing glass, one milk containing dirty coloured paper, and one bread containing a hair grip.

(2) Food and Drugs Acts and Milk and Dairies Regulations (Bacteriological Quality).

Samples of milk numbering 484, involving 7,813 cows, were taken from farms for biological examination to detect the presence of tubercle infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. There were 22 infected (2 with tubercle bacilli and 20 with brucella). The appropriate District Medical Officers were informed of the infections immediately they were discovered so that human consumption of the infected milk in its raw state could be prevented.

A further 21 samples were procured from the raw milk delivered to schools in connection with the supervision of milk under the Milk in Schools Scheme. None of these was found tuberculous nor brucella infected. In addition, 291 samples of "Pasteurised" milk delivered to schools were checked, only one was unsatisfactory due to insufficient heat treatment.

The Ministry of Agriculture, Fisheries and Food reported that following upon reports made to them by the Chief Inspector's staff two cows were slaughtered during the year.

There were 372 check-samples of "Pasteurised" milk procured from eight pasteurising plants licensed by the County Council where approximately 30,000 gallons of milk are pasteurised daily. Of these only seven were found unsatisfactory.

140 samples of milk were taken on delivery to hospitals, Children's and Old Persons' Homes. These were tested bacteriologically and for compositional quality. Two samples slightly failed the phosphatase test due to careless heat treatment at the supplying dairy.

529 visits were made under the Buckinghamshire Specified Area Order which requires that only specified grades of milk may be lawfully sold by retail. 818 samples of milk were taken and only in five instances were minor infringements found and the dairymen were warned. The requirements of the Specified Area Order are being well observed.

SECTION F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

1. **Poliomyelitis.**

The downward trend of notifications of confirmed cases of poliomyelitis was continued in a most spectacular manner, and only towards the end of the year were two cases notified from the Eton Rural District, both non-paralytic. There was no death from poliomyelitis recorded.

The disappearance of poliomyelitis from the County during the whole of the summer months was unexpected but very welcome. It is, however, too much to hope that notifications can be continued at such a low rate and a rise to some degree during 1960 seems probable.

2. **Diphtheria.**

As mentioned earlier in the Report, there was no death due to diphtheria in the County for the twelfth year in succession, but after a break of over six years without a confirmed case, a "minor" epidemic occurred in the Wycombe Rural District where three cases were notified.

3. **General.**

Details of all cases of infectious diseases notified during the year are set out in Table (g) of Section H.

SECTION G.—GENERAL.

1. **Public Health Act, 1936.**

Registration of Nursing Homes.

There were no new registrations during the year but one Home closed voluntarily owing to the retirement of the proprietress, which meant there was a total of eighteen Homes on the register at the end of the year.

These eighteen Nursing Homes provided 27 maternity beds and 224 other categories, making a total of 251 as against 252 at the end of 1958.

A complete list of registered Nursing Homes is contained in Table (b) of Section H.

2. **Nurseries and Child Minders Regulation Act, 1948.**

This Act, which came into force in 1948, provides for the registration and inspection of places such as private day nurseries, usually in hired premises, in which children are cared for by the day. It also provides for the registration in certain circumstances of persons known as daily minders, who look after other people's young children in their own homes. Since the Act first became law, ten premises and 34 daily minders have been registered, supervision being undertaken by the health visitors.

During the year one premises (15 children) and seven daily minders (44 children) were registered for the first time and one whose previous registration had lapsed was reregistered to care for six children.

The number remaining on the register at the end of the year was as follows:—

	Number registered.	Number of children
Premises	5	85
Daily Minders	22	189

SECTION H.—STATISTICAL TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES.

District.	Medical Officer of Health.
URBAN DISTRICTS.	
Aylesbury, Borough of	J. T. C. Sims-Roberts, M.B., ch.B., D.P.H. Barrister-at-Law.
Beaconsfield	F. Seymour, M.B., ch.B., D.P.H.
Bletchley	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Buckingham, Borough of	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Chesham	F. Seymour, M.B., ch.B., D.P.H.
Eton	G. M. Hobbin, M.B., ch.B., D.P.H.
High Wycombe, Borough of ...	A. J. Muir, M.B., ch.B., B.Hy., D.P.H.
Linslade	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Marlow	A. J. Muir, M.B., ch.B., B.Hy., D.P.H.
Newport Pagnell	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Slough, Borough of	M. A. Charrett, M.R.C.S., L.R.C.P., D.P.H.
Wolverton	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
RURAL DISTRICTS.	
Amersham	F. Seymour, M.B., ch.B., D.P.H.
Aylesbury	J. T. C. Sims-Roberts, M.B., ch.B., D.P.H. Barrister-at-Law.
Buckingham	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Eton	G. M. Hobbin, M.B., ch.B., D.P.H.
Newport Pagnell	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Wing	D. H. Waldron, O.B.E., M.D., B.ch., B.A.O., D.P.H., D.T.M. & H.
Winslow	J. T. C. Sims-Roberts, M.B., ch.B., D.P.H. Barrister-at-Law.
Wycombe	A. J. Muir, M.B., ch.B., B.Hy., D.P.H.

(b) REGISTERED NURSING HOMES.

District.	Name and Address.	Description.
Addington	Seven Gables, Addington	Maternity, Medical, Convalescent, Aged, Infirm.
Adstock	Rose Villa, Adstock	Aged, Infirm.
Aylesbury	The Gables, 123, Wendover Road, Aylesbury	Maternity, Medical, Convalescent, Aged, Infirm.
Beaconsfield	St. Joseph's, Candlemas Lane, Beaconsfield	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
Beaconsfield	Bryn Glyn, Penn Road, Beaconsfield ...	Medical, Convalescent, Aged, Infirm.
Beaconsfield	Rosslyn, Ledborough Lane, Beaconsfield	Minor Surgical, Medical, Convalescent, Aged, Infirm.
*Bourne End	Fieldhead, Bourne End	Aged, Infirm
Burnham	Hitcham Place, Burnham	Voluntary, temporary & certified patients under the Mental Treatment Acts.
Farnham Common ...	Withyfield, Green Lane, Farnham Common	Convalescent, Aged, Infirm.
Gerrards Cross ...	White House, North Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
Gerrards Cross ...	Dawn House, South Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
High Wycombe	Oak Lodge, 749, London Road, High Wycombe	Convalescent, Aged, Infirm.
Iver Heath	South Lodge, Iver Heath	Convalescent, Aged, Infirm.
Olney	90, High Street, Olney	Maternity.
Olney	Gresham House, Weston Road, Olney ...	Convalescent, Aged, Infirm.
Stoke Poges	Fulmer Grange, Stoke Poges	Medical, Minor Surgical, Aged, Infirm.
Tingewick	Tingewick Nursing Home, Tingewick ...	Medical, Convalescent, Aged, Infirm.
Woburn Sands	Oaklands, 60, Station Road, Woburn Sands	Convalescent, Aged, Infirm.

*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.

(c) CHILD WELFARE CENTRES.

Name of Centre.	Situate.	Doctor Attends.
Amersham (New Town)	Community Centre, Woodside Farm, Woodside Road	Twice monthly
Amersham (Old Town)	British Legion Hall, Whielden Street	Monthly
Aston Clinton	Baptist Church Hall	Do.
Aylesbury	The Clinic, Pebble Lane	Weekly
Aylesbury—Quarrendon	Quarrendon Community Centre, Bicester Road	Monthly
,, Southcourt	Church of the Good Shepherd, Church Square, Southcourt	Twice monthly
,, Tring Road	Limes Avenue Baptist Church, Tring Road	Monthly
Beaconsfield	The Old Rectory	Twice monthly
Bledlow Ridge	Village Hall, Bledlow Ridge	Monthly
Bletchley	School Clinic, Bletchley Road	Thrice monthly
,, Far Bletchley	Warwick Road Methodist Church, Castles Estate	Twice monthly
Bourne End	Red Cross Hut, New Road	Monthly
Bradwell	Labour Hall, New Bradwell	Twice monthly
Brill	The Institute	Monthly
Buckingham	Congregational School Room	Do.
Burnham	Village Hall, Gore Road	Twice monthly
,, Lent Rise	Methodist Church Hall, Lent Rise	Monthly
Chalfont St. Giles	Memorial Hall	Do.
Chalfont St. Peter	Tythe Barn, Swan Farm	Twice monthly
Chartridge	Village Hall	Monthly
Chenies	Florence Brown Memorial Hall, Chorley Wood	Do.
Chesham	The School Clinic, Germain Street	Twice monthly
,, Pond Park	Community Hall, Windsor Road, Pond Park, Chesham	Monthly
Colnbrook	Parish Room	Do.
Datchet	Village Hall	Twice monthly
Denham	Health Centre, Oxford Road	Thrice monthly
Dorney	Village Hall	Monthly
Downley	Village Hall	Do.
Edlesborough	Memorial Hall	Do.
Eton	College Arms, High Street	Do.
Eton Wick	Village Hall	Do.
Farnham Common	Village Hall, Victoria Road	Do.
Farnham Royal	Village Hall	Thrice monthly
Farnham Royal, Britwell Estate	1, Wentworth Avenue, Britwell Estate	Twice monthly
Flackwell Heath	Temperance Hall	Monthly
Gerrards Cross	British Legion Hall	Do.
Great Hampden	Village Hall	Do.
Great Kingshill	Village Hall	Do.
Great Missenden	Memorial Hall, Station Approach	Do.
Halton (Voluntary)	R.A.F. Camp, Halton	Twice monthly
Hambleden	Parish Hall	Monthly
Hanslope	Church Institute	Do.
Hazlemere	Penn Road Methodist School Room	Do.
High Wycombe	Health Centre, The Rye	Twice weekly
,, Booker	Castlefield Methodist Church Hall	Thrice monthly
,, Micklefield	St. Peter's Church Hall	Twice monthly
,, Sands	War Memorial Hall	Do.
,, Totteridge	Turner's Sports Pavilion	Do.
,, West Wycombe	Methodist Schoolroom	Monthly
,, Wycombe Marsh	St. Anne's Church Room	Do.
Holmer Green	Village Centre	Do.
Holtspur	Congregational Hall, Holtspur, Beaconsfield	Do.
Horton	Champneys Hall	Do.
Iver	Church Institute, Thorney Lane	Do.
Iver Heath	Village Hall	Do.
Ivinghoe	Town Hall	Twice monthly
Kimble	Stewart Hall, Little Kimble	Monthly
Lane End	Memorial Hall	Twice monthly
Lee Common	Youth Club Hall	Monthly
Linslade	Forster Institute	Do.
Little Chalfont	Little Chalfont Hall	Twice monthly
Long Crendon	Old Court House	Monthly
Loudwater	Recreation Hall	Do.
Marlow	Health Centre, Victoria Road	Weekly
Medmenham (Voluntary)	R.A.F. Camp, Medmenham	No doctor

CHILD WELFARE CENTRES—continued.

Name of Centre.	Situate.	Doctor Attends.
Naphill	Memorial Hall	Monthly
Naphill (Voluntary)	Wives' Club, R.A.F. Bomber Command	Twice monthly
Newport Pagnell	Congregational Schoolroom, High Street	Do.
Olney	Church Hall, High Street	Do.
Prestwood	Village Hall	Monthly
Princes Risborough	Walsingham Hall	Twice monthly
Quainton	Memorial Hall	Monthly
Richings Park, Iver	St. Leonard's Church Hall, Richings Park	Do.
St. Leonards-cum-Cholesbury	Village Hall, Cholesbury	Do.
Seer Green and Jordons	Baptist School Room, Seer Green	Do.
Slough	Health Centre, Burlington Road	Weekly
,, Cippenham	Central Hall, Bower Way	Do.
,, Langley Village	Women's Institute Hall	Twice monthly
,, Langley Estate	173, Trelawney Avenue, Langley	Weekly
,, St. Michael's	Slough Social Centre, Farnham Road	Do.
,, Wexham Road	Wexham Road Community Centre	Do.
Steeple Claydon	Library Hall	Monthly
Stewkley	Village Hall	Do.
Stokenchurch	Memorial Hall	Do.
Stoke Poges	Village Hall	Twice monthly
Stone	Village Hall	Monthly
Stony Stratford	Scouts Hut	Twice monthly
Thornborough	Church Hall	Monthly
Twyford	Village Hall	Do.
Tylers Green and Penn	Parish Room, Tylers Green	Do.
Waddesdon	Village Hall	Do.
Wendover	Memorial Hall	Thrice monthly
Weston Turville	Church Room	No Doctor
Whitchurch	Methodist Hall	Monthly
Wing	Village Hall	Do.
Wingrave	Temperance Hall	Do.
Winslow	British Legion Hall	Do.
Woburn Sands	Social Club	Do.
Wolverton	Scouts' Hall	Weekly
Wooburn Green	St. Mary's Church Hall	Monthly
Worminghall	The Old School	Do.
Wraysbury	Village Hall	Do.

MOBILE WELFARE CENTRE.

(Doctor attends each session).

Monthly Session	Villages Visited.
First Monday (afternoon)	Stoke Goldington, Ravenstone, Filgrave.
Second Monday ,,	Moulsoe, Milton Keynes, Wavendon.
Third Monday ,,	Great Horwood, Little Horwood.
Fourth Monday ,,	Swanbourne, Drayton Parslow, Mursley, Newton Longville.
First Tuesday ,,	Dagnall*, Slapton*, Cheddington, Marsworth.
Second Tuesday ,,	Castlethorpe, Haversham.
Third Tuesday ,,	Stoke Hammond, Great Brickhill, Little Brickhill.
First Thursday ,,	Preston Bissett, Charndon.
Second Thursday ,,	Haddenham, Dinton, Ford.
Fourth Thursday ,,	Haddenham only.
Third Thursday ,,	Grendon Underwood, Westcott, Cuddington.
First Friday (morning)	Nash, Whaddon, Thornton.
First Friday (afternoon)	Shenley Brook End, Shenley Church End, Loughton.
Second Friday (morning)	Sherington, Lavendon.
Second Friday (afternoon)	Astwood, North Crawley.
Third Friday ,,	Leckhampstead, Lillingstone Dayrell, Akeley.
Fourth Friday (morning)	Adstock, Padbury.
Fourth Friday (afternoon)	Tingwick, Dadford*, Chackmore*, Maids Moreton.

*Alternate months.

(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1959.

District.	Population Census, 1951.	Registrar-General Estimated Population Mid-1958.	Crude Birth Rate per 1,000 Population.		Crude Death Rate per 1,000 Population.		Tuberculosis Death Rate per 1,000 Population.		Infant Mortality Rate per 1,000 Births.		Neo-natal Mortality Rate per 1,000 Births.		Maternal Mortality per 1,000 Live and Still-births.	
URBAN.														
Aylesbury	21,050	23,580	17.4	(410)	9.1	(215)	0.08	(2)	29.3	(12)	26.8	(11)	—	(—)
Beaconsfield	7,913	9,540	14.3	(136)	10.1	(96)	0.10	(1)	7.4	(1)	—	(—)	—	(—)
Bletchley	10,919	15,440	20.8	(321)	7.2	(111)	—	(—)	24.9	(8)	15.6	(5)	—	(—)
Buckingham	3,942	4,150	14.2	(59)	10.1	(42)	—	(—)	—	(—)	—	(—)	—	(—)
Chesham	11,433	13,790	22.0	(303)	10.0	(138)	0.07	(1)	16.5	(5)	9.9	(3)	—	(—)
Eton	3,247	5,090	14.7	(75)	7.3	(37)	—	(—)	—	(—)	—	(—)	—	(—)
High Wycombe	40,702	45,350	18.1	(820)	9.3	(420)	0.13	(6)	12.2	(10)	8.5	(7)	—	(—)
Linslade	3,270	3,760	17.8	(67)	9.6	(36)	—	(—)	14.9	(1)	14.9	(1)	14.9	(1)
Marlow	6,481	7,700	20.4	(157)	9.5	(73)	—	(—)	19.1	(3)	19.1	(3)	—	(—)
Newport Pagnell	4,377	4,500	14.9	(67)	21.6	(97)	0.22	(1)	—	(—)	—	(—)	—	(—)
Slough	66,471	75,450	17.3	(1,306)	9.1	(689)	0.12	(9)	17.6	(23)	10.7	(14)	—	(—)
Wolverton	13,426	13,250	14.7	(195)	13.1	(173)	—	(—)	20.5	(4)	15.4	(3)	—	(—)
TOTAL URBAN ...	193,231	221,600	17.7	(3,916)	9.6	(2,127)	0.09	(20)	17.1	(67)	12.0	(47)	0.25	(1)
RURAL.														
Amersham	41,437	51,490	17.3	(893)	9.7	(501)	0.04	(2)	25.8	(23)	16.8	(15)	—	(—)
Aylesbury	29,545	32,460	17.2	(557)	10.3	(333)	0.06	(2)	21.5	(12)	16.2	(9)	—	(—)
Buckingham	9,422	9,660	15.1	(146)	10.9	(105)	—	(—)	6.8	(1)	6.8	(1)	—	(—)
Eton	43,143	60,920	19.5	(1,189)	8.1	(491)	0.08	(5)	24.4	(29)	19.3	(23)	—	(—)
Newport Pagnell	13,823	14,730	15.3	(225)	14.4	(212)	0.14	(2)	8.9	(2)	4.4	(1)	—	(—)
Wing	9,047	8,950	15.8	(141)	9.8	(88)	—	(—)	14.2	(2)	14.2	(2)	—	(—)
Winslow	7,268	7,820	12.7	(99)	14.2	(111)	—	(—)	10.1	(1)	10.1	(1)	—	(—)
Wycombe	39,375	47,870	17.4	(832)	9.0	(429)	0.04	(2)	12.0	(10)	10.8	(9)	1.18	(1)
TOTAL RURAL ...	193,060	233,900	17.5	(4,082)	9.7	(2,270)	0.06	(13)	19.6	(80)	14.9	(61)	0.24	(1)
TOTAL COUNTY	386,291	455,500	17.6	(7,998)	9.7	(4,397)	0.07	(33)	18.4	(147)	13.5	(108)	0.25	(2)
ENGLAND AND WALES ...			16.5		11.6		0.09		22.0		15.8		0.38	

NOTE: In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison.

(e) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1950-59

YEAR.	BIRTH RATE per 1,000 population.				DEATH RATE per 1,000 population				INFANT MORTALITY RATE per 1,000 births.			
	Urban	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.
1950.....	15.5	15.4	15.5	15.8	10.1	10.5	10.3	11.6	26.9	22.7	24.8	29.8
1951.....	15.2	15.0	15.1	15.5	10.3	11.3	10.8	12.5	26.4	22.8	24.6	29.6
1952.....	15.3	15.1	15.2	15.3	9.9	9.9	9.9	11.3	26.7	23.4	25.0	27.6
1953.....	15.1	14.8	14.9	15.5	9.4	9.9	9.7	11.4	18.8	21.2	20.0	26.8
1954.....	15.3	15.9	15.6	15.2	9.1	9.9	9.5	11.3	19.0	25.6	22.4	25.5
1955.....	15.3	15.5	15.4	15.0	9.5	10.0	9.8	11.7	18.1	21.7	20.0	24.9
1956.....	15.7	16.8	16.3	15.7	9.5	10.3	9.9	11.7	16.7	17.5	17.1	23.8
1957.....	16.5	16.9	16.7	16.1	9.5	9.8	9.7	11.5	25.6	17.8	21.6	23.0
1958.....	17.0	17.6	17.3	16.4	9.9	9.8	9.8	11.7	14.7	18.0	16.4	22.5
1959.....	17.7	17.5	17.6	16.5	9.6	9.7	9.7	11.6	17.1	19.6	18.4	22.0

(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1959

CAUSES OF DEATH.	Sex	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
		0—1	1—	5—	15—	25—	45—	65—	75—	Total	0—1	1—	5—	15—	25—	45—	65—	75—	Total
All Causes	M	46	9	5	14	51	322	313	379	1139	43	11	4	15	52	248	305	468	1146
	F	21	5	2	3	33	164	237	523	988	37	5	7	8	42	155	255	615	1124
1—Tuberculosis, Respiratory	M	—	—	—	—	2	6	5	1	14	—	—	—	—	1	2	—	4	7
	F	—	—	—	—	1	1	—	1	3	—	—	—	—	1	2	—	—	3
2—Tuberculosis, Other	M	—	1	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	2
	F	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	1	—	1
3—Syphilitic Disease	M	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	1	1
4—Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6—Meningococcal infections	M	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7—Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8—Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
9—Other infective and parasitic diseases	M	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	1	2
	F	—	—	—	—	—	—	1	1	2	—	—	2	—	—	1	—	—	3
10—Malignant neoplasm, stomach	M	—	—	—	—	—	12	12	7	31	—	—	—	—	2	10	10	8	30
	F	—	—	—	—	1	4	11	13	29	—	—	—	—	—	5	1	21	27
11— „ „ lung, bronchus	M	—	—	—	—	6	40	27	17	90	—	—	—	1	1	23	29	7	61
	F	—	—	—	—	2	3	1	2	8	—	—	—	—	—	7	5	3	15
12— „ „ breast ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	5	19	11	15	50	—	—	—	—	2	15	6	7	30
13— „ „ uterus ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	2	7	9	2	20	—	—	—	—	4	3	8	4	19
14—Other Malignant and Lymphatic Neoplasms	M	—	—	1	—	6	38	27	28	100	—	—	—	2	5	27	34	44	112
	F	—	1	—	1	2	27	31	25	87	—	—	1	—	10	40	29	30	110
15—Leukæmia, Aleukæmia ...	M	—	1	—	—	1	1	—	4	7	—	—	—	1	5	4	4	1	15
	F	—	1	1	—	—	1	1	1	5	—	1	—	1	1	2	2	2	9
16—Diabetes	M	—	—	—	—	2	2	1	1	6	—	—	—	—	4	1	1	6	12
	F	—	—	—	—	—	1	2	—	3	—	—	—	1	—	—	—	2	3
17—Vascular lesions of nervous system	M	1	—	1	—	2	19	28	49	100	—	—	—	—	4	24	44	57	129
	F	—	—	—	—	2	26	43	84	155	—	—	—	—	3	21	40	124	188
18—Coronary disease, Angina	M	—	—	—	—	1	89	80	58	228	—	—	—	—	3	66	71	72	212
	F	—	—	—	—	1	20	37	77	135	—	—	—	—	1	14	60	70	145
19—Hypertension with Heart disease	M	—	—	—	—	—	4	6	9	19	—	—	—	—	—	7	—	12	19
	F	—	—	—	—	—	3	7	21	31	—	—	—	—	—	—	1	19	20
20—Other heart disease	M	—	—	—	—	2	21	30	69	122	—	1	—	—	3	8	22	86	119
	F	—	—	—	—	2	13	27	96	138	—	—	—	—	3	11	19	119	152
21—Other circulatory disease	M	—	—	—	—	1	8	9	11	29	—	—	—	—	—	7	12	15	34
	F	—	—	—	—	1	2	7	24	34	—	—	—	—	1	1	13	41	56
22—Influenza	M	—	—	—	—	1	8	3	5	17	—	—	—	—	2	2	3	2	9
	F	—	—	—	—	—	1	3	13	17	—	—	—	—	2	3	3	7	15
23—Pneumonia	M	8	2	—	—	—	5	25	41	81	3	4	1	—	3	7	17	47	82
	F	1	—	—	—	—	7	12	51	71	6	—	—	—	2	4	18	55	85
24—Bronchitis	M	2	1	—	—	—	27	26	33	89	1	—	—	—	—	17	19	35	72
	F	—	1	—	—	—	5	5	24	35	4	—	—	—	—	4	4	24	36
25—Other diseases of respiratory system	M	—	—	—	—	1	4	1	2	8	—	1	—	—	—	3	7	3	14
	F	1	—	—	—	1	2	1	1	6	—	—	—	—	—	2	3	6	11
26—Ulcer of Stomach and Duodenum	M	—	—	—	—	1	4	4	9	18	—	—	—	—	—	2	2	8	12
	F	1	—	—	—	—	1	3	4	9	—	—	—	—	1	—	2	5	8
27—Gastritis, Enteritis, Diarrhœa	M	—	—	—	—	—	1	—	1	2	—	—	—	—	1	1	1	1	4
	F	4	—	—	—	—	1	1	5	11	1	—	—	—	—	2	2	4	9
28—Nephritis and Nephrosis	M	1	—	1	1	—	1	5	1	10	—	—	—	—	—	3	2	3	8
	F	—	—	—	—	—	—	2	1	3	—	—	—	1	—	—	—	4	5
29—Hyperplasia of prostate ...	M	—	—	—	—	—	—	8	11	19	—	—	—	—	—	—	4	11	15
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30—Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	1
31—Congenital Malformations	M	4	1	—	1	4	1	—	—	11	6	2	—	—	1	—	—	—	9
	F	4	—	—	—	2	2	—	—	8	14	1	1	—	—	—	1	1	18
32—Other defined and ill-defined diseases	M	28	1	1	1	2	9	9	18	69	31	2	—	2	1	15	14	24	89
	F	10	2	1	1	7	13	16	38	88	12	2	—	—	3	10	32	41	100
33—Motor vehicle accidents ...	M	1	—	1	7	9	7	4	—	29	—	—	2	5	7	5	4	5	28
	F	—	—	—	1	—	3	—	3	7	—	—	1	3	1	1	2	1	9
34—All other accidents (a) In the home	M	1	1	—	—	1	2	1	1	7	1	—	—	—	—	2	1	11	15
	F	—	—	—	—	2	—	2	10	14	—	—	—	1	1	—	2	11	15
(b) Otherwise	M	—	1	—	2	3	5	—	1	12	—	2	1	4	5	4	2	4	22
	F	—	—	—	—	—	—	1	7	8	—	1	1	1	—	—	1	13	17
35—Suicide	M	—	—	—	1	6	5	2	2	16	—	—	—	—	2	7	1	—	10
	F	—	—	—	—	1	2	2	1	6	—	—	—	—	3	7	—	—	10
36—Homicide and operations of war	M	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2

(g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1959

DISTRICT.	Tuberculosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomyelitis		Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Malaria
	Respiratory	Other							Paralytic	Non-paralytic	Infective	Post infectious									
URBAN.																					
1. Aylesbury Borough ...	17	4	37	6	-	708	14	1	-	-	-	-	26	-	18	-	-	-	34	1	-
2. Beaconsfield ...	5	3	52	2	-	340	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
3. Bletchley ...	4	-	14	23	-	62	13	-	-	-	-	-	2	-	2	-	-	-	2	-	-
4. Buckingham Borough ...	-	-	2	2	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Chesham ...	7	1	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Eton	2	-	1	2	-	181	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. High Wycombe Borough ...	16	1	63	3	-	153	10	2	-	-	-	-	-	-	3	-	-	-	-	5	-
8. Linslade ...	1	-	4	4	-	65	18	-	-	-	-	-	-	-	-	-	-	-	2	-	-
9. Marlow	1	2	-	3	-	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Newport Pagnell	-	-	9	-	-	4	-	-	-		-	-	-	-	2	-	-	-	2	-	-
11. Slough Borough	39	8	53	38	-	731	68	1	-	-	-	-	8	-	40	-	-	-	3	18	1
12. Wolverton ...	3	-	5	20	-	168	10	-	-	-	-	-	5	-	-	-	-	-	-	1	-
Total Urban ...	95	19	240	103	-	2441	133	4	-	-	-	-	41	-	66	-	-	-	43	25	1
RURAL.																					
1. Amersham ...	14	2	44	5	-	587	20	2	-	-	-	-	-	-	6	-	-	-	-	1	-
2. Aylesbury ...	5	1	19	9	-	590	10	-	-	-	-	-	1	-	2	-	-	-	4	2	1
3. Buckingham ...	1	-	1	8	-	111	12	-	-	-	-	-	-	-	-	-	-	1	-	-	-
4. Eton	27	3	100	6	-	980	27	-	-	2	1	-	3	1	67	-	-	-	7	2	-
5. Newport Pagnell	2	-	13	8	-	164	3	-	-	-	-	-	-	-	-	-	-	-	1	-	-
6. Wing	2	-	15	10	-	145	13	-	-	-	-	-	-	-	-	-	-	-	-	1	-
7. Winslow	2	-	7	14	-	204	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Wycombe ...	9	1	87	33	3	342	5	-	-	-	-	-	24	-	1	-	-	-	7	4	-
Total Rural ...	62	7	286	93	3	3123	92	2	-	2	1	-	28	1	76	-	-	1	19	10	1
Total for County ..	157	26	526	196	3	5564	225	6	-	2	1	-	69	1	142	-	-	1	62	35	2

(h) CARE OF MOTHERS AND YOUNG CHILDREN

SUMMARY OF DENTAL TREATMENT, 1959

Numbers provided with dental care:—

	Examined.	Needing treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	116	109	105	104
Children under five years of age	642	421	261	234

Forms of dental treatment provided:—

	Scaling and gum treatment.	Fillings.	Silver Nitrate treatment.	Inlays and Crowns.	Extractions.	General Anaesthetics.	Dentures provided.		Radiographs.
							Complete.	Partial.	
Expectant and Nursing mothers	36	452	—	—	110	9	7	8	35
Children under five years of age	7	279	94	—	144	16	—	—	—

(j) AMBULANCE SERVICE

Statistics for the year 1959

PATIENTS

Stretcher cases	19,590	Emergencies/Accidents	16,987
Sitting cases	150,930	General Removals	153,533
Total cases	170,520	Total cases	170,520

MILEAGE

Ambulances	921,304	Vehicle mileage	1,491,811
Other vehicles	570,507	Rail mileage	85,817
Vehicle mileage	1,491,811	Total mileage	1,577,628

RAIL

Patients	825	Mileage	85,817

STAFF		VEHICLES	
Superintendents	4	Ambulances	34
Senior Drivers	16	Sitting Case Cars	7
Head Drivers	3	Coaches	3
Driver Attendants and Attendants	95	Other vehicles	14
Total Staff	118	Total vehicles	58

OTHER INFORMATION

No. of journeys	38,785	No. of Ambulance Stations ...	10
Patients per 1,000 population ...	374	Civil Defence (Ambulance Section):—	
Journeys per 1,000 population ...	88	Instructors	21
Average road mileage per patient.	8	Volunteers	268
Average rail mileage per patient	104	Training Vehicles	6